

SECONDARY REGISTRATION FORM

ALGONQUIN AND LAKESHORE
CATHOLIC DISTRICT SCHOOL BOARD



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|--|----------|---|-------------------------|--------------------------|--|--|-----------------------|-------------------|--|-------------------|
| Student Information: Start Date: _____ | | | | | School Name: _____ | | | | | |
| Student Previously Attended This School <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Student OEN # _____ - _____ - _____ | | | | | |
| School Last Attended: (Name/Address) _____ | | | | | | | | | | |
| Student Name <i>Surname</i> | | | <i>First Name</i> | | | <i>Middle Name</i> | | | <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Record <input type="checkbox"/> Other (e.g. Visa Students) <input type="checkbox"/> Passport Copy Required | |
| Legal Name (if different from above) _____ | | | | | | | | | | |
| Grade: | | Birth Date (Month) | | (Day) | | (Year) | | Male | Female | |
| House No. | Apt. No. | Street | | | City | | Province | | Postal Code | |
| R.R. | P.O. Box | Lot | Sub Lot | | Concession | | Township/Municipality | | County | |
| Telephone # | | Student's First Language _____ Language spoken at home _____ | | | | Transportation Required <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Does the Student Have an Individual Education Plan (IEP)? <input type="checkbox"/> Yes (<i>Please attach</i>) <input type="checkbox"/> No | | | | | | | | | | |
| Religion | | | | | | | | | | |
| Roman Catholic: <input type="checkbox"/> Yes (provide baptismal certificate) | | | | Parish Name and Location | | | | | | |
| <input type="checkbox"/> Other _____ | | | | | | | | | | |
| <i>Roman Catholic includes a member of a Greek, Ukrainian or any Eastern Rite Catholic Church in union with the See of Rome.</i> | | | | | | | | | | |
| Residency | | | | | | | | | | |
| Was the student born a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please indicate appropriate status below) | | | | | | | | | | |
| <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visa Student <input type="checkbox"/> Other Visa <input type="checkbox"/> Refugee <input type="checkbox"/> First Nation Reserve | | | | | | | | | | |
| Country of Birth _____ | | | Province of Birth _____ | | | Date of Entry into Canada _____ (Month/Year) | | | | |
| Mother/Guardian Information | | | | | Father/Guardian Information | | | | | |
| Name: _____ | | | | | Name: _____ | | | | | |
| Address: (if different than student) _____ | | | | | Address: (if different than student) _____ | | | | | |
| Email: _____ | | | | | Email: _____ | | | | | |
| Home Phone: _____ | | Work Phone: _____ | | Cell Phone: _____ | | Home Phone: _____ | | Work Phone: _____ | | Cell Phone: _____ |
| Living With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Parents Alternately <input type="checkbox"/> On own <input type="checkbox"/> Other (e.g. Grandparents, Foster parents) _____ | | | | | | | | | | |
| Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint (please provide court custody order) <input type="checkbox"/> Other (e.g. Grandparents, CAS) _____ | | | | | | | | | | |
| Do you have siblings attending this school? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| Name(s) of Sibling(s) _____ | | | | | | | | | | |

| Other Contact | |
|--|--------------------|
| In case of Emergency, another Adult the school may contact if unable to reach parent/guardian. | |
| Name: | Phone No.: |
| Medical Information | |
| Doctor's Name: | Dr. Telephone No.: |
| Special Medical Needs/Allergies: | |
| (Parent/guardian should complete all appropriate forms from Policy No. S-2010-05-4 "Pupils with Special Medical Care Needs and/or Emergency Medical Needs". Forms available from Administration) | |

| VOLUNTARY Aboriginal Self-Identification | |
|--|---|
| Check if applicable: <input type="checkbox"/> Student is of Aboriginal Ancestry <input type="checkbox"/> I am a student 18 years of age or older and of Aboriginal Ancestry Language spoken at home | Optional: Indicate the People(s) related to student's ancestral origin. If of mixed ancestry, check off all that apply: <input type="checkbox"/> First Nation _____ (identify) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit |

| For Students Transferring from Another Secondary School (Interview with Administration Required) |
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| Please provide a copy of student's <input type="checkbox"/> School Transcript <input type="checkbox"/> Last Report Card <input type="checkbox"/> Attendance Report for Current Year |
| Has the student ever been expelled from a school or is the student current under expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Permission for School to Release Personal Information for Specific Purposes |
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| <input type="checkbox"/> Yes , the school is permitted to use this student's personal information (name, photograph, image, description, voice recording) for the uses described below and for no other purpose: <input type="checkbox"/> No , the school is not permitted to use this student's personal information (name, photograph, image, description, voice recording) for uses described below: |
| <ul style="list-style-type: none"> • Publications sent to some or all households within the ALCDSB jurisdiction (e.g. yearbook) • Communication material (news releases, backgrounders) that may be released to the media (e.g. awards/scholarships, participation in organized events) • The school and board website • Participation in an event where representatives of the media may be present (e.g. sporting events, community service projects) |
| Parent/Guardian Signature: X _____ |

Philosophy of the Catholic System: *"The Catholic School System exists for children whose parents have chosen to educate them in a Christian philosophy within the Catholic Tradition."* In requesting admission for my child, I recognize the significance of the above and am prepared to support it and the school system objectives.

| | | |
|-------|----------------------------|---------------------------|
| _____ | x _____ | x _____ |
| Date | Student Signature | Parent/Guardian Signature |
| _____ | x _____ | |
| Date | School Principal/Designate | |

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Algonquin and Lakeshore Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the School Principal.