

# Student Registration and Information Form - Secondary School

The Mission of the Dufferin-Peel Catholic District School Board, in partnership with the family and church, is to provide, in a responsible manner, a Catholic education which develops spiritual, intellectual, aesthetic, emotional, social, and physical capabilities of each individual to live fully today and to meet the challenges of the future, thus enriching the community.

## STUDENT PERSONAL INFORMATION PART 1

OEN #:		
Legal Names: (Students are registered by their	legal name which will be used on legal documents. The s	tudent's preferred name will be used at school)
Surname:	First Name:	Middle Name:
Preferred Names: ☐ Same as Legal Na	mes, or	
First Name:	-	
Gender: ☐ Female ☐ Male		
Current cohool attended.		
Current school attended:		
First day of entry to any school in Ontario	YEAR MONTH DAY	
Current School Board:		
If the student is entering from outside of	Ontario, please indicate name of	TODY / DDOWNEE / COUNTDY
Does this student have sibling(s) in DPCD		:: ☐ Elementary ☐ Secondary
If yes, provide full name(s):		
Does this student have sibling(s) in anoth	ner school board?	□ No
If yes, state name of the school board:		
M	IEDICAL CONDITION(S)/ALERT	
LIFE THREATENING MEDICAL CONDI	FIONS (prevalent)	
Does the student have a "Life Threatening	ng" medical condition (anaphylaxis, asthma, d	iabetes, epilepsy)? 🛘 Yes 🔻 No
Please provide details:		
Does the student require an EPIPEN?:□	Yes □ No	
Does the student require Insulin, Glucag	on, other? Please specify:	
NON-LIFE THREATENING MEDICAL CO	ONDITIONS	
Are there any non-life threatening medic	cal conditions the school should be aware of?	☐ Yes ☐ No

## **STUDENT PERSONAL INFORMATION PART 2**

Student's Country of Birth:_		_ If Canada, Province of Birt	h:	
Arrival Date (into Canada):	YEAR MONTH DAY	_ Expiry Date (if applicable)	: YEAR MONTH	DAY
If arrived within the past fiv	re years, complete the Conf	irmation of Pupil Eligibility fo	rm - GF008.1.	
Status in Canada: (check one)	☐ Canadian Citizen☐ Exchange student☐ International Student	☐ Permanent Resident ☐ Temporary Resident ☐ Parent on Study Permit	☐ Refugee ☐ Parent on Work Pe ☐ Student on Study F	Permit
Country of Last Residence:		_ Country of Citizenship:		
Please provide the school w	rith a copy of the student's n	nost recent Report Card.		
		For the purposes of supporting	ng First Nation, Métis and	d Inuit student
		: School Board and the Ministry		
student achievement to the	Ministry of Education and th	e Education Quality and Acco	untability Office;	
I/we choose to voluntarily	self-identify my/this child's	ancestry as:	n 🗖 Inuit	☐ Métis
	ADDITIO	NAL INFORMATION		
Language(s) spoken by stuc	lent:			
	First Language	☐ Spoken at Home	Remark:	
		☐ Spoken at Home	Remark:	
	First Language	☐ Spoken at Home	Remark:	
	CTUF	DENT ADDRESS		
	3100	PENT ADDRESS		
NUMBER	STREET	UNIT	TTYPE (e.g. Apt.)	UNIT#
CITY		POSTAL CODE	PHONE	#
Mailing Address (if different	from above):			
Proof of Residence Sources:	(a.g. proporty to whill assume	tutility bill, e-bill, real estate docun	nent or Covernment of Co	anda issued form
Please indicate if this studen	3 11		ly of parent or guardian	
	has recently enrolled	I in a CCTC program (Care, Tre	atment, Custody, Correc	ctions)

# PARENT/GUARDIAN CONTACT INFORMATION

<b>Custody Information</b>						
Who has legal custody?	□ Both parents □ Other	☐ Father only	☐ Mother only	□ I am 16/17 yea withdrawn fro	ars of age and l om parental co	=
Are there any special arra	ngements pertair	ning to access/vi	sitation?	□ No □ Yes	- Documentat	ion provided
If yes, then the most recen		_				•
PARENT/GUARDIAN 1						
Separate School Supporte	er: □ Yes □	l No S	Speaks English 🗆			
Emergency Priority (Selec		12 🗆 3				
TITLE FI	RST NAME		LAST NAME		RELATIONSHIP TO	O STUDENT
Address: 🗖 Same as stud	lent or					
Home Phone: ☐ Same as	student or		Business	s Phone:		Ext:
Cell Phone:	F	mail <sup>.</sup>				
For more information, ple	ease refer to Cana	ada's Anti-Spam	Law (CASL Conse	ent Below)		
PARENT/GUARDIAN 2						
PARENT/GUARDIAN 2 Separate School Supporte	er: 🗅 Yes 🗆	] No S	Speaks English 🗆			
		] No S	Speaks English 🗆			
Separate School Supporte Emergency Priority (Selec	ct one): 🔲 1 🗆					
Separate School Supporte  Emergency Priority (Selection of the Selection o	ct one): 🔲 1 🗆	12 🗆 3	LAST NAME		RELATIONSHIP TO	O STUDENT
Separate School Supporte Emergency Priority (Selec	ct one): 🔲 1 🗆	12 🗆 3	LAST NAME			O STUDENT
Separate School Supporte  Emergency Priority (Selection of the Selection o	ct one): 1 1  RST NAME  dent or	12 🗆 3	LAST NAME			
Separate School Supporte  Emergency Priority (Select  TITLE FI  Address:   Same as stud	RST NAME  dent or	12 🗆 3	LAST NAME  Business	s Phone:		Ext:
Separate School Supporte  Emergency Priority (Select  TITLE FIL  Address:  Same as stud  Home Phone:  Same as  Cell Phone:	RST NAME  dent or E  student or E	<b>12 □ 3</b> mail:	LAST NAME  Business	s Phone:		Ext:
Separate School Supporte  Emergency Priority (Select  TITLE FI  Address: Same as stud  Home Phone: Same as  Cell Phone:	RST NAME  dent or  s student or  ease refer to Cana	mail:	LAST NAME  Business  Law (CASL Conse	s Phone:		Ext:
Separate School Supporte  Emergency Priority (Select  TITLE FIL  Address:  Same as stud  Home Phone:  Same as  Cell Phone:	RST NAME  dent or  s student or  ease refer to Cana	mail:	LAST NAME  Business  Law (CASL Conse	s Phone:		Ext:
Separate School Supporte  Emergency Priority (Select  TITLE FI  Address: Same as stud  Home Phone: Same as  Cell Phone:	RST NAME  dent or  s student or  ease refer to Cana Cother than the the	mail:ada's Anti-Spam	LAST NAME  Business  Law (CASL Conse	s Phone:		Ext:
Separate School Supporte  Emergency Priority (Select  TITLE FII  Address: Same as stud  Home Phone: Same as  Cell Phone:  For more information, ple  EMERGENCY CONTACT:  Emergency Priority (Select	RST NAME  dent or  s student or  ease refer to Cana Cother than the the	mail:ada's Anti-Spam	LAST NAME  Business  Law (CASL Conse	ent Below)		Ext:
Separate School Supporte  Emergency Priority (Select  TITLE FII  Address: Same as stud  Home Phone: Same as  Cell Phone:  For more information, ple  EMERGENCY CONTACT:  Emergency Priority (Select	RST NAME  dent or  s student or  ease refer to Cana Cother than the the ct one): □ 1 □	mail:ada's Anti-Spametwo Parent/Guard	LAST NAME  Business  Law (CASL Consection contacts above.)  Speaks English   LAST NAME	ent Below)  Gender:	☐ Female	Ext:
Separate School Supports  Emergency Priority (Select  TITLE FI  Address: Same as stud  Home Phone: Same as  Cell Phone:  For more information, ple  EMERGENCY CONTACT:  Emergency Priority (Select  TITLE FI	RST NAME  dent or  s student or  ease refer to Cana Cother than the the  ct one): □ 1 □  RST NAME  ent or	mail:ada's Anti-Spame two Parent/Guard	LAST NAME  Business  Law (CASL Consection Contacts above.)  Speaks English   LAST NAME	ent Below)  Gender:	☐ Female  RELATIONSHIP TO	Ext:

# SPECIAL EDUCATION/SPECIAL NEEDS

Does student have special education/diverse learning need?	Yes	□ No	
Does student have or require specialized equipment?	Yes	□ No	
In your current school/board, is this student involved in special education programs and/or services?	Yes	□ No	
Does this student have an Individual Education Plan (IEP)?	Yes	□ No	
Does this student have a safety plan/behavioural plan?	Yes	□ No	
Has this student been identified as an exceptional student? through the Identification Placement Review Committee (IPRC)?	Yes	□ No	
If yes, date of most recent IPRC review, as appropriate:			
Is the student's transition plan attached to the IEP?	Yes	□ No	
ENGLISH LANGUAGE LEARNERS (ELL)			
In your current school/board, does this student receive ESL/ELD services	?□ Yes	□ No	
SAFE SCHOOLS	S		
SUSPENSION/EXPULSION			
Is the student currently serving a suspension?	Yes	□ No	
Is the student currently participating in a program for suspended students	s? Yes	□ No	
Is the student expelled from any school and, if yes, have they successfully completed a program for expelled students?		□ No	
CANADA'S ANTI-SPAM LAY	W CONSEN	T	
Under Canada's Anti-Spam Law (CASL) the Dufferin-Peel Catholic District	t School Board	requires your cons	sent to send you
electronic messages about commercial activities which may include email		_	_
uniforms, school pictures, fundraising activities and events, food and drink		_	-
athletic events or similar events and offers. We are seeking your consent	•	-	-
addresses provided on this form.			
We consent to receive electronic messages of a commercial nature as out	lined above to	the email addresse	es or cell phones
provided on this form for the purpose of supporting my student's educati	onal program a	and activities.	
Your consent remains in effect as long as the student attends a DPCDSB s	school unless yo	ou withdraw it. If yo	ou have any
questions, or wish to revoke your consent at any time please contact your	r school princip	al.	
Signature of Parent/Guardian:	Email Address:		
Signature of Parent/Guardian:	Email Address:		

### R.O.P.S.S.A.A.

#### PLEASE NOTE:

A school transfer could affect eligibility to participate in DPCSB approved athletics. "Any secondary student who attended another secondary (anywhere) in the previous 12 months must be approved by the ROPSSAA Transfer and Eligibility Committee prior to participating in ROPSSAA activities".

#### **SIGNATURES**

#### PLEASE NOTE:

Upon receipt of a completed registration form, the school will request the student's Ontario Student Record (OSR - a cumulative record that follow students as they progress through school) from the student's former school of copies of student records from schools in other provinces. In some cases, the former school may be contacted to request information in advance of the receipt of the OSR for the purpose of establishing an appropriate educational program and placement for the student, and for the safety of the students and staff. More information about the Dufferin-Peel Catholic District School Board information routine uses of student information can be found in the student agenda/handbook and on the school website. Questions may be addressed to the school principal.

## Falsifying information on this form may rescind the admission to this secondary school

Signature of Parent/Guardian:	Date:	YYYY - MMM - DD
(or Student if 18 years of age or older - OR - if you are 16/17 and have withdrawn from parental control - GF032)		YEAR MONTH DAY
Signature of Principal/Designate:	Date:	YYYY - MMM - DD YEAR MONTH DAY

Information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); Sabrina's Law, 2005, S.O. 2005, c. 7 and Ryan's Law (Ensuring Asthma Friendly Schools), 2015, S.O. 2015, C. 3 in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Any questions regarding information collected, may be directed to the school principal or to the Records Management and Access & Privacy Administrator, 40 Matheson Blvd West, Mississauga, ON L5R 1C5 (905) 890-1221 ext. 24443

OFFICE USE ONLY				
School: Grade	e: Start Date:			
Documents to be filed in the OSR:				
☐ Academic Transcript of marks	☐ Newcomer Reception Centre Report			
☐ Copy of the most recent Original Custody Order if	f applicable (original document to be viewed and verified)			
☐ Confirmation of Pupil Eligibility - GF008.1	☐ Network User Agreement - GF066			
☐ IEP Documentation/Safety Plan/Behaviour Plan	☐ Flex Boundary Documentation - GF105.6			
☐ IPRC Documentation	☐ Medication Forms -Medical Health Form - GF035			
☐ Registration form - GF008S	☐ P.E.D. (Personal Electronic Device) Agreement - GF542.00			
☐ Application for Direction of School Support - GFO	05 / Lease Agreement - GF006D and GF006P			
☐ Secondary School Religious Expecatations and Re	equirements - Letter of Acknowledgement - GF010			
Original documents to be viewed and verified but no	ot filed in the OSR			
☐ Birth Certificate	☐ Passport			
☐ Citizenship/Immigration/Intl. Student Verification	☐ Ontario Immunization Reference #			
☐ Proof of Residence Sources: (e.g., property tax bill, current utility bill, e-bill, real estate docum or Government of Canada issued forms)	☐ Immunization/Vaccine Record or New School Registrant - Immunization Submission Form			
Office Signature:	CC: Copy to be filed in the OSR			