

Step 1 of 2

Complete one registration form per student

IIL Site:										Language:																			
What grade will your child be going to in September 2025?										JK	K	1	2	3	4	5	6	7	8										
Current Elementary Day School:										Current School Board:																			
STUDENT ID#:										STUDENT OEN#:																			
Legal Names: (Students are registered by their legal name which will be used on legal documents.)																													
Last Name:										First Name:										Middle Name:									
Address:										Apt./Unit #																			
City:										Postal Code:										Phone:									
Parent/Guardian Email:										Students' First Language:																			
What gender does this student identify as:										Female		Male		Non-Disclosed		Self-Identified		Birthdate:		Month	Day	Year							
Special Education:																													
Does this student have special education/diverse learning need?										Yes		No		Does student have specialized equipment?					Yes		No		SEA	Yes		No			
Does this student have an Individual Education Plan (IEP)?										Yes		No		If yes, please provide a copy															
Has this student been identified as an exceptional student, through the Identification Placement Review Committee (IPRC)?															Yes		No												
Medical Condition(s)/Alert:															Asthma Puffer:		Yes		No										
Anaphylactic Concerns:										Yes		No		If yes, please specify Allergy:					Epinephrine Auto-Injector:		Yes		No						
Citizenship/Immigration Information																													
Student Country at Birth										Province of Birth										Arrival Date (if applicable):									
Expiry Date (if applicable):										Status in Canada																			
Contact Information																													
For Communication purposes, please indicate priority contact – Circle 1 or 2																													
Name of Parent/Guardian # 1					Last Name:										First Name:														
Relationship to Student:										Primary Phone #										Secondary Phone #									
For Communication purposes, please indicate priority contact – Circle 1 or 2																													
Name of Parent/Guardian #2					Last Name:										First Name:														
Relationship to Student:										Primary Phone #										Secondary Phone #									
Emergency Contact:																													
Last Name:					First Name:																								
Cell Phone:										Alternate Phone #:																			
Custody Information: Who has legal custody?										Both Parents			Father Only			Mother Only			Other:										
Are there any special arrangements pertaining to access/visitation?										Yes		No		If yes, then the most recent original Court Order to support custody must be provided (a verified copy to be attached to the registration form)															
Indigenous Student (Voluntary Self-Identification): for the purposes of supporting First Nation, Inuit and Métis student achievement objectives of Dufferin Peel and the Ministry of Education and to receive and benefit from culturally supportive programming, I/We choose to voluntarily self-identify my/child's ancestry as:															First Nation			Inuit			Metis								
Attendance for International & Indigenous Language Program: Regular attendance is crucial for success in all International & Indigenous Language programs. Attendance and punctuality are compulsory. Students may be demitted following a contravention of the Catholic Code of Conduct.																													
Code of Conduct: The Dufferin-Peel Catholic District School Board, Adult and Continuing Education Department will strive to create a Catholic learning community in which students are able to develop their spiritual, intellectual, physical and social potential. Dufferin-Peel Catholic District School Board, mandated by the Ministry of Education Safe Schools policy, has established The Catholic Code of Conduct, which outlines the rights and responsibilities of students attending programs in Dufferin-Peel. Detailed information regarding the Catholic Code of Conduct is available at http://www.dpcdsb.org																													
Canadian Anti-Spam Law (CASL): Under Canada's Anti-Spam Law (CASL) the Dufferin-Peel Catholic District School Board requires your consent to send you electronic messages about commercial activities which may include email or texts about such things as field trips, activity fees, consumable fees, report cards, events and offers. We are seeking your consent to send electronic commercial messages to the email addresses provided on this form. We consent to receive electronic messages of a commercial nature as outlined above to the email addresses or cell phones provided on this form for the purpose of supporting my or my child's educational program and activities. Your consent remains in effect as long as you or your child attends a DPCDSB school unless you withdraw it. If you have any questions or wish to revoke your consent at any time please contact your school principal.																													
Personal information collected shall be used for the provision of educational services and/or to administer health and emergency responses as required. If required to support the student's needs, personal information, including OSR information may be requested from or shared with their current school. 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																													
Student and Parent Responsibility																													
By signing this registration form, both student & parent/guardian understand and accept all the terms and requirements for the Adult and Continuing Education International & Indigenous Language Elementary Program.																													
Parent/Guardian Signature (for students under 18 years of age)															Date:														

Step 2 of 2

Email this completed registration form to il@dpcdsb.org