



Step 1 of 3

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 of 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															First Nation										Inuit										Metis																						
ancestry as:																																																									
CONSUMABLE MATERIALS FEE: IS NON-REFUNDABLE May include workbook, printing costs, arts and crafts supplies, etc.																																																									
Complete your payment here: https://dpcdsb.schoolcashonline.com/Fee/Details/221359/146/False/True																																																									
Online Payment Receipt Confirmation #										\$135.00 (St. Pio Only) per student - (\$35.00 Consumable Materials Fee + \$100.00 Arts & Culture Materials Fee)																																															
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 3 of 3

Email this completed registration form to il@dpcdsb.org