

Secondary Student Registration Form

Registration Date _____ Student Id # (for School Use) _____

Student Information

Family Name	First Name	Middle Name	Preferred Name	
Date of birth (YYYY/MM/DD)	OEN #.	Gender F <input type="checkbox"/> M <input type="checkbox"/> Other		
Cell no.	Home phone no.	Email address		
Address #/Street	Unit #	City/Town	Province/Country	Postal code
Entry <u>Date</u> to Canada (yyyy-mm-dd)	Country of Birth	Country of Current Residence		
First language	<u>Country of Citizenship</u>	Status in Canada		
Current Grade		How did you hear about us		
Entry Date to Secondary School(yyyy-mm-dd)				

MEDICAL ALERT INFORMATION/
DISABILITY/ALLERGIES

Parents / Guardian Information #1

Family name	First name	Relationship to Student		
		Access to Student Record		
Cell no.	Home phone no.	Email address		
	Business phone no.			
Address (if it's different from the student)	Unit #	City / Town	Province/Country	Postal code

Parents / Guardian Information #2

Family name	First name	Relationship to Student		
		Access to Student Record		
Cell no.	Home phone no.	Email address		
	Business phone no.			
Address (if it's different from the student)	Unit #	City / Town	Province/Country	Postal code

Educational Background

Pervious/Current School		Previous/Current School Board Public <input type="checkbox"/> Private <input type="checkbox"/> Catholic		
School address #/Street	Unit #	City / Town	Province/Country	Postal code
School phone no.	Current Grade	School Guidance Email		

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Emergency Contact Information

Family name	Relationship to Student	Address #/Street
First name	Access to Student Record	Unit #
Cell no.	Email address	City / Town
Home phone no.	Business phone no.	Province/Country
		Postal code

Canada's Anti-Spam Legislation (CASL)

The school required your consent to receive any electronic messages /emails which contain advertising or promotions from the school.

I give my Consent to the school to receive electronic messages /emails of this nature YES _____ NO _____

NOTE: You will continue to receive emails & messages from the school on all other matters.

Please Submit one document of each of the following Documents with your Registration Form

School Record : Report Card (s) of required pre-requisite of your registered course(s) , Most updated Transcript

Birth Verification Birth Certificate, Passport, Citizenship Card, Refugee Claimant Form Resident Card PRC, Confirmation of (IMM1442), Permanent Permanent Residence (IMM5292), Record of Landing (IMM1000),

Citizenship & Immigration Permit : PRCARD, Refugee Docuemnts, Visitor Card, Study Permit, or Work Permit.

Notice to Parents /Guardians

Notice #1

Personal Information is collected at registration under the authority of the Education Act and will be used for home & school communication, maybe shared with student's previous school(s) or other schools as required, and to create OEN "Ontario Student Record" and plan for the student program.

Notice # 2

Before Signing the registration form , please ensure you have read the school policies attached. Signing the Registration Form confirm that you have agreed on all school policies attached.

Registration Course(s) Selection

Please Select your Registration Type:

1- Full Academic Year _____

2- 6 months (Half Academic Year) _____

3- Individual Course(s) Code _____, _____, _____, _____, _____,

(Please indicate the course(s) you are repeating if any , _____, _____, _____)

Required Start Date : _____ (Please note that the school will decide the start date if your requested date falls in the middle of a semester).

Student Signature _____

Date _____

Print Parent / Guardian Name _____

Parent / Guardian Signature _____

Date _____