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

STUDENT PERSONAL INFORMATION PART 2

Student's Country of Birth:_				If Canada, Province of Birth	:		
Arrival Date (into Canada): .	YEAR	MONTH	DAY	Expiry Date (if applicable):	YEAR	MONTH	DAY
If arrived within the past fiv	e years, c	omplete the	e Confirm	nation of Pupil Eligibility for	m - GF0(08.1.	
Status in Canada: (check one)	Excha	dian Citizen ange student ational Stud	: (Permanent Resident Temporary Resident Parent on Study Permit 		igee int on Work I lent on Stud	
Country of Last Residence:				Country of Citizenship:			

Please provide the school with a copy of the student's most recent Report Card.

INDIGENOUS STUDENT (Voluntary Self-Identification): For the purposes of supporting First Nation, Métis and Inuit student achievement objectives of Dufferin-Peel Catholic District School Board and the Ministry of Education, as well as reporting student achievement to the Ministry of Education and the Education Quality and Accountability Office;

I/we choose to voluntarily self-identify my/this child's ancestry as:	First Nation	🗖 Inuit	🗖 Métis
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ADDITIONAL INFORMATION

Longuag	(a)	anakan	by a	student:
Languag	16(2)	Spoken	Dγ	student.

 First Language	Spoken at Home	Remark:
 First Language	Spoken at Home	Remark:
 First Language	Spoken at Home	Remark:

STUDENT ADDRESS

NUMBER		STREET		UNIT TYPE (e.g. Apt.)		UNIT #
	CITY		POSTAL CODE		PHONE #	

Mailing Address (if different from above):

PARENT/GUARDIAN CONTACT INFORMATION

Custody Information				
Who has legal custody?	Both parentsOther	Father only	Mother only	I am 16/17 years of age and have voluntarily withdrawn from parental control
Are there any special arr If yes , then the most reco	0 1	8		No Yes – Documentation provided ovided (a verified copy to be stored in the OSR)
PARENT/GUARDIAN 1				
Separate School Suppor	ter: 🛛 Yes	🗆 No	Speaks English 🗅	
Emergency Priority (Sele	ect one): 🛛 1	2 2 3		

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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?	Ves	🛛 No
Has this student been identified as an exceptional student? through the Identification Placement Review Committee (IPRC)?	Ves	🛛 No
If yes, date of most recent IPRC review, as appropriate:		
Is the student's transition plan attached to the IEP?	D Yes	🛛 No
ENGLISH LANGUAGE LEARNERS (ELL)		
In your current school/board, does this student receive ESL/ELD services?	? प Yes	🗖 No
SAFE SCHOOLS	5	
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?	🛛 Yes	🗖 No

CANADA'S ANTI-SPAM LAW CONSENT

Under Canada's Anti-Spam aw (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, yearbooks, uniforms, school pictures, fundraising activities and events, food and drink purchases, books, prom or dance tickets, sporting/ athletic events or similar events and offers. We are seeking your consent to send commercial electronic 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 student's educational program and activities.

Your consent remains in effect as long as the student 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.

Signature of Parent/Guardian:__

Signature of Parent/Guardian:_

(or Student if 18 years of age or older – OR – if you are 16/17 and have withdrawn from parental control) Email Address:

Email Address:

GF008S (Revised 2019)

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: