



SECONDARY STUDENT REGISTRATION

OFFICE USE ONLY		School Year: _____ Grade: _____
Proof of Date of Birth:	OEN#: _____	Student Fee Paid <input type="checkbox"/> _____
<input type="checkbox"/> Birth Certificate	Custody <input type="checkbox"/>	Registration Date: _____
<input type="checkbox"/> Certificate of Live Birth (birth registration)	Health Alert <input type="checkbox"/>	First Day of Attendance: _____
<input type="checkbox"/> Passport	Special Education Program <input type="checkbox"/>	Transportation: Walk <input type="checkbox"/> Public Transit <input type="checkbox"/>
<input type="checkbox"/> Certification of Citizenship	French Immersion Program <input type="checkbox"/>	
I hereby confirm that the ORIGINAL document(s), indicated above, have been viewed and the student information below is correct.		
_____	_____	_____
Date	Name (please print)	Position (MUST be the Principal or Designate) Signature

STUDENT INFORMATION

_____	_____	_____
Legal Surname	Given Name	Middle Name(s)
_____	_____	_____
Usual Surname	Usual First Name	Date of Birth (MM/DD/YYYY) Gender Grade
_____	_____	_____
Student Email Address	Students enrolling in eLearning courses <u>must</u> provide an email address for correspondence. Do you wish to receive additional school and/or Board information through email, if available? Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____	_____	
Previous School	Address of Previous School (if known)	Phone # (if known)
_____	_____	_____
FORMER STUDENTS ONLY (Date Left): _____ Reason for leaving: _____ <small>(MM/DD/YYYY)</small>		

Is this student currently under suspension and/or expulsion from another school? Yes <input type="checkbox"/> No <input type="checkbox"/>
Credits Achieved: _____ OSSD/OSSC Received: Yes <input type="checkbox"/> No <input type="checkbox"/> Have you applied to University/College this year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Ontario Federation of School Athletic Associations (OFSAA) Eligibility (if applicable)? Yes <input type="checkbox"/> No <input type="checkbox"/>

Siblings (attending this school)			
_____	_____	_____	_____
Name	Grade	Name	Grade
_____	_____	_____	_____
Name	Grade	Name	Grade

Language(s) Spoken
First Language: _____ Language(s) spoken at Home _____

FAMILY & CUSTODY INFORMATION

Choose one of the following clauses that pertain to your custody status and circle the appropriate corresponding letter A–G. Please note: It is not mandatory to provide a copy of your legal custody order/separation agreement/divorce documentation. However, legally both parents have a right to access and to information concerning their son/daughter unless there is a legal document on file indicating otherwise.

A. Registering Parents Reside Together: We are the birth or adoptive mother/father of the child and the child resides with us.	Legal documents provided N/A
B. Registering Parent Does Not Reside with Other parent and child lives with Registering Parent on the Consent of the Other Parent: I am the birth or adoptive mother/father of the child and the child resides with me with the express or implied consent of the child's birth or adoptive mother/father.	N/A
C. Registering Parent Has Custody Pursuant to a Separation Agreement: I am the birth or adoptive mother/father of the child and I have custody of the child pursuant to a separation agreement.	Yes <input type="checkbox"/> No <input type="checkbox"/>

FAMILY & CUSTODY INFORMATION (continued)

Legal documents
provided

D. Registering Parent Has Custody Pursuant to a Court Order: I am the birth or adoptive mother/father of the child and I have custody of the child pursuant to a Court Order.

Yes No

E. Registering Person is not the Parent and Has Custody Pursuant to Court Order: I am not the birth or adoptive mother/father of the child and have legal custody of the child pursuant to a Court Order.

Yes No

F. Registering Person is a Relative/Friend/Agent with whom the child resides: I am a relative/friend/agent of the custodial parent and I have provided a signed, witnessed and dated consent from the custodial parent indicating their custodial status of the child and that I have the authority to register the child.

Yes No

G. Children's Aid Society – Group Home Name (if applicable): _____
I am the foster mother/foster father of the child.

Yes No

Lives with: Both parents Mother Father Mother/Stepfather† Stepmother/Father† Other† (specify) _____

† List any special custody concerns (i.e. visitation rights): _____

ADDRESS INFORMATION

Home Address: _____
House/911# Apt. # Street Name City/Town Postal Code
Lot Concession Township Phone #

Mailing Address: (if different from above)

House/911# Box/Apt# blng Street Name City/Town Postal Code

Father/Guardian - Surname **Given Name** Address (if different from student) Phone
Work Phone # & Ext. Cell Phone # Email Address - Do you wish to receive school and/or Board information through email, if available? Yes No

Mother/Guardian - Surname **Given Name** Address (if different from student) Phone
Work Phone # & Ext. Cell Phone # Email Address - Do you wish to receive school and/or Board information through email, if available? Yes No

EMERGENCY & MEDICAL INFORMATION

Emergency Response Plan: If your child has any medically diagnosed and potentially life threatening circumstances such as seizures, diabetes, asthma and anaphylactic reactions, please notify the principal immediately. An individualized "Emergency Response Procedure for Medical Conditions" plan will be developed in consultation with the Principal, Parent(s)/Guardian(s) and Physician(s) to address your child's individual needs.

Contact in case of emergency: Please list in order of priority who to call if Parent/Guardian cannot be reached.

Name Relationship Phone # Cell Phone #

Name Relationship Phone # Cell Phone #

Doctor's Name Doctor's Phone #

HEALTH ALERT

Allergies: Yes No EpiPen: Yes No If Yes, give details: _____

Medication: (are routine medications needed?) Yes No If Yes, give details: _____

Health concerns: Yes No If Yes, give details: _____

MEDICAL EMERGENCY

In the case of a medical emergency, when parent(s)/guardian(s) or designates cannot be contacted, student will be taken to hospital.

Other Instructions: _____

RESIDENCY INFORMATION

1. Is your child a Canadian Citizen? Yes No
2. Has your child lived in Canada for the past 4 years? Yes No If NO, date entered Canada: _____
Province of Birth: _____ Country of Birth: _____
3. Is your child a Permanent Resident? Yes No
4. Is your child a Refugee Claimant? Yes No
5. Is your child a Fee Paying Visa student with a Student Authorization (VISA) from Immigration Canada? Yes No
6. Is your child a First Nation student living on a Reserve? Yes No
If Yes, please check the applicable box. Alderville Curve Lake Hiawatha
7. Is your child a Non-First Nation (Non-Native) student living on a Reserve? Yes No

VOLUNTARY FIRST NATION, MÉTIS AND INUIT SELF-IDENTIFICATION

All parents/guardians of First Nation, Métis and Inuit students, and students who are 18 years or older, have the right to voluntarily self-identify. By self-identifying, you help us to monitor the success of the programs and services we offer, and identify ways to support First Nation, Métis and Inuit students to ensure their success. For further information, please refer to Board Policy 304, titled First Nation, Métis and Inuit Student Voluntary Self-Identification, or the brochure titled Voluntary and Confidential Self-Identification of Students with First Nation, Métis and Inuit Ancestry – these documents can be found on the Board's website at www.pvnccdsb.on.ca.

If you wish to identify your child as having First Nation, Métis and Inuit ancestry, please check the appropriate box or boxes:

First Nation Métis Inuit

SPECIAL EDUCATION INFORMATION (if applicable)

- Does your child have an Individual Education Plan (I.E.P.)? Yes No
- Is the I.E.P. for: accommodations , modifications , or alternative programming ?
- Has your child worked with an Educational Assistant within the past year? Yes No Shared support or 1:1 Support
- Has your child been identified as an exceptional pupil through an Identification Placement and Review Committee (I.P.R.C.)? Yes No
- If yes, what was the category of exceptionality? _____ Placement? _____
- Date of Last I.P.R.C. _____
(MM/DD/YYYY)
- Does your child have equipment/technology that will be transferring to our Board? Please check the appropriate articles: Computer equipment , special seating or standing equipment , communication equipment , toileting equipment , mobility equipment , feeding equipment , other _____
- Does your child have accessibility concerns? (i.e. Ramps, washrooms, etc.) Yes No If yes, please describe: _____
- Would your child require specialized transportation? Yes No

INFORMATION RELEASE

1. The PVNCCDSB takes pride in publishing events happening in our schools. Board newspapers, school newsletters, media and other publications often contain student names, photographs or other personal information. I authorize the PVNCCDSB to use the name, grade, photograph, artwork, articles, and school projects of my child/children, in school newsletters, on school website, in Board publications, on Board website, for media purposes (radio, television, newspaper, magazine, website), in staff educational training videos, and in displays. Yes No
2. I authorize the PVNCCDSB to allow the news media to interview and publish photographs or audio/visual productions of my son/daughter in newspapers, on television, on radio, and on media websites. Yes No
3. I give permission for my name and phone number to be shared with a phone committee or Catholic School Council to facilitate early school dismissal, student excursions and other school related activities. Yes No

INFORMATION RELEASE (continued)

- 4. Teachers may wish to take a class on walking excursions in the vicinity of the school. Walking excursions are carefully planned and supervised. The length of the excursion and amount of supervision required is determined by the grade level of students. I give permission for my child to take part in such walking excursions. Yes No
- 5. I give permission for my name and phone number to be shared with the Parish Priest to facilitate in the Catholic education of my child. Yes No
- 6. I give permission to the school to release my mailing address to R.J. McCarthy School Uniforms for promotional mailings. Yes No

NOTES:

Students participating in extra-curricular activities or events where the public is invited (i.e. school concerts, field trips, school teams) may be photographed and/or reported on by the media or the general public. If you have concerns, please discuss with the Principal.

The Peterborough Victoria Northumberland Clarington Catholic District School Board (PVNCCDSB) will share and update the necessary student information with Regional Health Departments. This information will include your child's birth date, address, home phone number and work number of the parents for the purpose of "establishing and maintaining a school health record as per the Health Protection and Promotion Act and Immunization of School Pupils Act."

CLARINGTON SCHOOLS ONLY:

In the event of a serious accident at the Darlington or Pickering Nuclear Generating Station, the PVNCCDSB will be given Provincial authorization to administer Potassium Iodide (KI) pills to students. The use of the KI pill is voluntary and therefore parent consent must be given.

I grant permission for my son/daughter to be administered a potassium iodide (KI) pill. Yes No

Is this student allergic to Iodine? Yes No

**Student Threat/Violence Risk Assessment
"Fair Notice and Process"**

The Board is committed to making our schools safe for students and staff and will respond to all student behaviours that pose a potential risk to other students, staff and members of the community. Early intervention measures help prevent school violence. Through the Student Threat/Violence Risk Assessment protocol, school teams work to assess potentially high risk student behaviour and evaluate the level of risk to others and the student exhibiting the behaviour. This protocol will be implemented to support collaborative planning to prevent traumatic events and student information will be shared about students at risk for violence towards self and/ or others to enhance safety.

PARENT/GUARDIAN COMMENTS

I hereby certify that the above information is accurate to the best of my knowledge.

Parent/Guardian Responsibilities: This school has a Formal Dress Code and Code of Conduct. Your signature below indicates that you agree that your son/daughter will adhere to the Formal Dress Code and Code of Conduct of the school as outlined in the Student Agenda.

To ensure the integrity of our ministry in Catholic Education, students undertake a religious education course during each year of study and they participate fully in religious celebrations. This will provide students with the opportunity to learn about and celebrate their faith. It is understood that registration and attendance at this school is founded upon these components of Catholic Education.

Date SIGNATURE of Parent/Guardian or Student if over 18

Please advise the school immediately of any changes in the information contained on this form.

Information Collection Authorization: *This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. The information is collected for education purposes and is within the guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually. Any questions with respect to this information should be directed to the Principal of the School to which you are applying/registered. Users: Principals, Teachers, Support staff and Supervisory Officers.*