



ADULT EDUCATION
1355 Lansdowne St. W., Peterborough, ON K9J 7M3
 Tel: 705-748-4861 Ext. 172 Email: adulteducation@pvnccdsb.on.ca
 TEXT: (705)748-6639

REGISTRATION FORM

OFFICE USE ONLY

Proof of Date of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Live Birth (birth registration) <input type="checkbox"/> Passport <input type="checkbox"/> Certification of Citizenship I hereby confirm that the ORIGINAL document(s), indicated above, have been viewed and the student information below is correct.	School Year: _____ Grade: _____ OEN#: _____ Special Education Program <input type="checkbox"/> Health Alert <input type="checkbox"/> Registration Date: _____ First Day of Attendance: _____		
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)
Student Email Address	Students enrolling in eLearning courses must 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)
Date of leaving secondary school: _____ <small>(MM/DD/YYYY)</small>	Reason for leaving: _____	

Are you 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"/>	

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

ADDRESS INFORMATION

Home Address: _____					
House/911#	Apt. #	Street Name	City/Town	Postal Code	
Lot	Concession	Township	Phone #	Cell Phone #	
Mailing Address: (if different from above)					
House/911#	Box/Apt#	bling	Street Name	City/Town	Postal Code

EMERGENCY INFORMATION

Emergency Response Plan: If you have 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 you, the Principal, and Physician(s) to address your individual needs.

Contact in case of emergency: Please list in order of priority who to call:

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

VOLUNTARY FIRST NATION, MÉTIS AND INUIT SELF-IDENTIFICATION

All First Nation, Métis and Inuit 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 as having First Nation, Métis and Inuit ancestry, please check the appropriate box or boxes:

First Nation Métis Inuit

SPECIAL EDUCATION INFORMATION (if applicable)

Did you have an Individual Education Plan (I.E.P.)? Yes No

Was the I.E.P. for: accommodations , modifications , or alternative programming ?

Were you 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 you have accessibility concerns? (i.e. Ramps, washrooms, etc.) Yes No If yes, please describe: _____

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 my name, grade, photograph, artwork, articles, and school projects 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 me 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
4. I give permission for my name and phone number to be shared with the Parish Priest to facilitate in my Catholic education. 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.

ADDITIONAL INFORMATION/COMMENTS

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

Date

SIGNATURE of Student

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.*