

SECONDARY STUDENT REGISTRATION

OFFICE USE ONLY:

School Year: _____ Grade: _____
Bus Route #: a.m. _____ p.m. _____

Proof of Date of Birth:

- Birth Certificate
- Certificate of Live Birth (birth registration)
- Passport
- Certification of Citizenship

Proof of Residency:

- Utility Bill
- Property Tax Bill
- Phone Bill
- Other _____

I hereby confirm that the ORIGINAL document(s), indicated above, have been viewed and the student information below is correct.

Name (please print) <small>Principal or Designate</small>	Position (<i>MUST be the Principal or Designate</i>)	Signature	Date
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STUDENT INFORMATION

Legal Surname	Given Name	Middle Name(s)
Usual Surname	Usual First Name	Date of Birth <small>(MM/DD/YYYY)</small>
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)

PERSONAL INFORMATION SHARING WITH PREVIOUS SCHOOL

If your child is transferring from another school board, the school principal or vice-principal may have a need to contact the previous school's administration and discuss personal information related to your child's education.

I, being the parent/legal guardian of the student named, understand how my child's personal information may be used and I voluntarily give my permission to use my child's personal information as described above.

Parent/Guardian Name

Parent/Guardian Signature

Date

FORMER STUDENTS ONLY (Date Left): _____ Reason for leaving: _____
(MM/DD/YYYY)

Is this student currently under suspension and/or expulsion from another school? Yes No

Credits Achieved: _____ OSSD/OSSC Received: Yes No Have you applied to University/College this year? Yes No

Ontario Federation of School Athletic Associations (OFSAA) Eligibility (if applicable)? Yes No

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.

Legal documents provided

- A. Registering Parents Reside Together:** We are the birth or adoptive mother/father of the child and the child resides with us. 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 No
- 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

Canada’s anti-spam legislation (“CASL”) prevents Peterborough Victoria Northumberland and Clarington Catholic District School Board from sending any electronic message which is commercial in nature without your consent. Examples of commercial messages includes invitations to purchase school photographs, spirit wear, yearbooks, pizza days, special events and field trips. These may be direct messages or could be included in school newsletters. If you consent to receiving commercial electronic messages for these purposes from Peterborough Victoria Northumberland and Clarington Catholic District School Board, including its schools and school councils, please provide your email address in the contact information below.

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#	Street Name	City/Town	Postal Code
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Mother/Father/Guardian - Surname	Given Name	Address (if different from student)	Phone
Work Phone # & Ext.	Cell Phone #	Email Address	

Mother/Father/Guardian - Surname	Given Name	Address (if different from student)	Phone
Work Phone # & Ext.	Cell Phone #	Email Address	

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 #
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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

- Was your child born in Canada? Yes No
 If Yes, Province of Birth? _____
 If No, Country of Birth? _____ Date first entered Canada _____
- Is your child a Canadian Citizen? Yes No
- Is your child a Permanent Resident? Yes No
- Is your child a Refugee Claimant? Yes No
- Is your child a Fee Paying Visa student with a Student Authorization (VISA) from Immigration Canada? Yes No
- Is your child a First Nation student living on a Reserve? Yes No
 If Yes, please check the applicable box. Alderville Curve Lake Hiawatha
- Is your child a Non-First Nation (Non-Native) student living on a Reserve? Yes No

FIRST NATION, MÉTIS AND INUIT VOLUNTARY 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 in accordance with Administrative Procedure 321 – First Nation, Métis and Inuit Voluntary Self-Identification. This information helps us to be more responsive to the achievement and well-being of all students. More information on Voluntary Self-Identification can be found on the Board's website at www.pvnccdsb.on.ca

To self-identify please check the appropriate box:

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 promoting the great events, student initiatives and success stories taking place in our schools and we encourage our staff to take an active role in communicating these stories at a school and Board level. I authorize the PVNCCDSB to use the name, grade, photograph, video, artwork, articles, and school projects of my child/children, in school newsletters, on school websites, in education apps, in Board publications, on Board websites, for Board promotion (and/or promotion of Catholic Education) and advertising, and to share via traditional media (radio, television, newspaper, magazines,) and social media (Twitter, Facebook, YouTube, Instagram, etc.) and for staff and provincial/national educational training material (Nelson Education etc.). 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 and social media. 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. 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 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. It will be used for planning, administration, programming, for the provision of continued education, school to home communications and to establish the Ontario Student Record which contains information conducive to the improvement of instruction. Limited information may be disclosed beyond the board for purposes such as yearbooks, provision of transportation, medical care, child care and accident information to the board's insurer. Parent/Guardian email addresses will be used by the Board's Student Transportation provider in order to facilitate busing and emergency contacts. 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.*