

SECONDARY REGISTRATION FORM

ALGONQUIN AND LAKESHORE
CATHOLIC DISTRICT SCHOOL BOARD



Student Information: Start Date: _____				School Name: HOLY CROSS CATHOLIC SECONDARY SCHOOL			
Student Previously Attended This School <input type="checkbox"/> Yes <input type="checkbox"/> No				Student OEN # _____ - _____ - _____			
School Last Attended: (Name/Address) _____							
Student Name Surname		First Name		Middle Name		<input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Record <input type="checkbox"/> Other (e.g. Visa Students) <input type="checkbox"/> Passport Copy Required	
Legal Name (if different from above) _____							
Grade:		Birth Date (Month)		(Day)		(Year)	
						Male <input type="checkbox"/> Female <input type="checkbox"/>	
House No.	Apt. No.	Street		City	Province	Postal Code	
R.R.	P.O. Box	Lot	Sub Lot	Concession	Township/Municipality		County
Telephone #		Student's First Language _____ Language spoken at home _____			Transportation Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Student Have an Individual Education Plan (IEP)? <input type="checkbox"/> Yes (Please attach) <input type="checkbox"/> No							
Religion							
Roman Catholic: <input type="checkbox"/> Yes (provide baptismal certificate) <input type="checkbox"/> Other _____				Parish Name and Location _____			
<i>Roman Catholic includes a member of a Greek, Ukrainian or any Eastern Rite Catholic Church in union with the See of Rome.</i>							
Residency							
Was the student born a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please indicate appropriate status below)							
<input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visa Student <input type="checkbox"/> Other Visa <input type="checkbox"/> Refugee <input type="checkbox"/> First Nation Reserve							
Country of Birth _____		Province of Birth _____		Date of Entry into Canada _____ (Month/Year)			
Mother/Guardian Information				Father/Guardian Information			
Name: _____				Name: _____			
Address: (if different than student) _____				Address: (if different than student) _____			
Email: _____				Email: _____			
Home Phone:	Work Phone:	Cell Phone:		Home Phone:	Work Phone:	Cell Phone:	
Living With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Parents Alternately <input type="checkbox"/> On own <input type="checkbox"/> Other (e.g. Grandparents, Foster parents) _____							
Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint (please provide court custody order) <input type="checkbox"/> Other (e.g. Grandparents, CAS) _____							
Do you have siblings attending this school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name(s) of Sibling(s) _____							

Other Contact	
In case of Emergency, another Adult the school may contact if unable to reach parent/guardian.	
Name:	Phone No.:
Medical Information	
Doctor's Name:	Dr. Telephone No.:
Special Medical Needs:	
(Parent/guardian should complete all appropriate forms from Policy No. 1999-12-2 "Pupils with Special Medical Care Needs and/or Emergency Medical Needs". Forms available from Administration)	

VOLUNTARY Aboriginal Self-Identification	
Check if applicable: <input type="checkbox"/> Student is of Aboriginal Ancestry <input type="checkbox"/> I am a student 18 years of age or older and of Aboriginal Ancestry Language spoken at home	Optional: Indicate the People(s) related to student's ancestral origin. If of mixed ancestry, check off all that apply: <input type="checkbox"/> First Nation _____ (identify) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit

For Students Transferring from Another Secondary School (Interview with Administration Required)
Please provide a copy of student's <input type="checkbox"/> School Transcript <input type="checkbox"/> Last Report Card <input type="checkbox"/> Attendance Report for Current Year Has the student ever been expelled from a school or is the student current under expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No

Permission for School to Release Personal Information for Specific Purposes
<input type="checkbox"/> Yes , the school is permitted to use this student's personal information (name, photograph, image, description, voice recording) for the uses described below and for no other purpose: <input type="checkbox"/> No , the school is not permitted to use this student's personal information (name, photograph, image, description, voice recording) for uses described below: <ul style="list-style-type: none"> • Publications sent to some or all households within the ALCDSB jurisdiction (e.g. yearbook) • Communication material (news releases, backgrounders) that may be released to the media (e.g. awards/scholarships, participation in organized events) • The school and board website • Participation in an event where representatives of the media may be present (e.g. sporting events, community service projects)
Parent/Guardian Signature: X _____

Philosophy of the Catholic System: *"The Catholic School System exists for children whose parents have chosen to educate them in a Christian philosophy within the Catholic Tradition."* In requesting admission for my child, I recognize the significance of the above and am prepared to support it and the school system objectives.

_____	x _____	x _____
Date	Student Signature	Parent/Guardian Signature
_____	x _____	
Date	School Principal/Designate	

The personal information contained on this form has been collected under the authority of the Education Act R.S.O. 1990, cE.2 and will be used to prepare assessment records, maintain records for students, statutory reporting. Users: Principal of student, all teachers responsible for the student's program, designated staff for clerical functions and assessment and transportation departments.