



YORK CATHOLIC DISTRICT SCHOOL BOARD

## Secondary Student Registration Form

School Name \_\_\_\_\_

Student ID	School Year	1 <sup>st</sup> Day of Attendance
Registration for Grade		OSR Requested <input type="checkbox"/> OSR Received <input type="checkbox"/>
Activity Fee Amount: \$ _____		Initial: _____ Cheque <input type="checkbox"/>
Posted In Maplewood by: _____		Date: _____
<input type="checkbox"/> STUDENT REGISTRATION REVIEWED BY:		
Date: _____		Principal/ Designate
Admissions Status: <input type="checkbox"/> Pupil of the Board <input type="checkbox"/> Other Pupil		

The following information will be used by school staff members to collect information in keeping with the Education Act. The principle purpose for the collection of this information is to provide confirmation of Pupil Eligibility for English as a Second Language (ESL), residency and the right to attend without paying tuition fees. This form will be retained in the student's Ontario Student Record (OSR).

**Important: This form must be completed in its entirety in order to be deemed valid.**

In compliance with Ontario Regulation 191/11, s.12(3), Integrated Accessibility Standard, the York Catholic District School Board offers accessible formats and communication supports upon request. Visit <https://www.ycsdb.ca/about/accessibility/> to submit your request.

**Note: Legal name must be as shown on legal document (i.e. birth certificate, passport, etc.) & will appear on all school Official Records (i.e. Report Cards/Transcripts).**

## STUDENT INFORMATION AND ELIGIBILITY ATTESTATION FORM

STUDENT INFORMATION	LEGAL LAST NAME	LEGAL FIRST NAME		LEGAL MIDDLE NAME	
	PREFERRED FIRST NAME	OEN (ONTARIO EDUCATION NUMBER)	BIRTHDATE (Month/Day/Year)	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Disclose <input type="checkbox"/> Prefer to Specify <input type="checkbox"/> :	
	Pupil Proof of Date of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____			Verified & Initialed <input type="checkbox"/> ____ (by school)	
	Home Address: _____ House # _____ Street _____ Apt./Unit # _____ City _____ Province _____ Postal Code _____				
	Parent/Guardian(s) Name _____				
	Main Telephone #: _____				
	Mailing Address if different from above _____				
	Municipality		Proof of Residency – 2 required Verified & initialed <input type="checkbox"/> ____ (by school)		
	Aurora <input type="checkbox"/>	Newmarket <input type="checkbox"/>	One document from each category:		
	East Gwillimbury <input type="checkbox"/>	Richmond Hill <input type="checkbox"/>	Property Tax Bill <input type="checkbox"/>	Utility Bill <input type="checkbox"/>	
Georgina <input type="checkbox"/>	Vaughan <input type="checkbox"/>	Proof of Purchase <input type="checkbox"/>	Phone/Cable/Internet Bill <input type="checkbox"/>		
King <input type="checkbox"/>	Whitchurch-Stouffville <input type="checkbox"/>	Lease/Rental Agreement <input type="checkbox"/>	*Other <input type="checkbox"/> _____		
Markham <input type="checkbox"/>	Other <input type="checkbox"/> _____	* Driver's License is not acceptable			
Note: If you reside outside York Region or outside the boundaries of this school, you must complete a TCH-19A form at the school for approval by the Principal and/or Superintendent.					
Is your tax support designated to the Catholic School Board? Yes <input type="checkbox"/> No <input type="checkbox"/>			Verified & initialed <input type="checkbox"/> ____ (by school)		
If yes, provide proof of Catholic School Support (i.e. Property Assessment Notice or Letter from MPAC)					
If no, complete an Application for Direction of School Support Form and/or School Support Lease (encl.)					
Previous school attended _____		Telephone # _____	Address _____		
Last Day attended at previous school _____		Name of previous School Board _____			
		M/D/Y			
Please indicate whether this student in this school is the Only <input type="checkbox"/> Eldest <input type="checkbox"/> Youngest <input type="checkbox"/>					
Does a sibling attend this secondary school? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, _____			Has the student ever attended a school in Ontario? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Last & First Name of the Student _____					
<b>For students who are registering for grades 11 or 12, please indicate if you have written the EQAO–Ontario Secondary School Literacy Test</b>					
Yes <input type="checkbox"/> No <input type="checkbox"/>		Successful <input type="checkbox"/> Unsuccessful <input type="checkbox"/>			
<b>Student Religion:</b> Roman Catholic <input type="checkbox"/> Orthodox <input type="checkbox"/> Not Roman Catholic <input type="checkbox"/> Parent Roman Catholic <input type="checkbox"/>					
If student is not Roman Catholic is Parent/Guardian Roman Catholic?					
Father: Yes <input type="checkbox"/> No <input type="checkbox"/>		Mother: Yes <input type="checkbox"/> No <input type="checkbox"/> Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Indigenous Status</b>					
Please indicate if the student is of Indigenous Descent Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/>					

**First Parent/Guardian** Mr. / Mrs. / Ms. (please circle one)

Name: \_\_\_\_\_  
Last Name First Name

Relationship to Student Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/>	Proof of legal guardianship and/or documentation is required for any of the following: Foster Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Group Home <input type="checkbox"/>
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Citizenship: Canadian Citizen  Permanent Resident  Non-Landed  Refugee  Work/Study Permit  Diplomat Status

Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer # (incl. Ext.) \_\_\_\_\_

↓ **PLEASE COMPLETE ONLY IF ADDRESS & PHONE NUMBER ARE DIFFERENT FROM STUDENT** ↓

Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_ City/Town \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone # \_\_\_\_\_

**Second Parent/Guardian** Mr. / Mrs. / Ms. (please circle one)

Name: \_\_\_\_\_  
Last Name First Name

Relationship to Student Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/>	Proof of legal guardianship and/or documentation is required for any of the following: Foster Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Group Home <input type="checkbox"/>
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Citizenship: Canadian Citizen  Permanent Resident  Non-Landed  Refugee  Work/Study Permit  Diplomat Status

Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer # (incl. Ext.) \_\_\_\_\_

↓ **PLEASE COMPLETE ONLY IF ADDRESS & PHONE NUMBER ARE DIFFERENT FROM STUDENT** ↓

Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_ City/Town \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone # \_\_\_\_\_

**Third Parent/Guardian** Mr. / Mrs. / Ms. (please circle one)

Name: \_\_\_\_\_  
Last Name First Name

Relationship to Student Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/>	Proof of legal guardianship and/or documentation is required for any of the following: Foster Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandfather <input type="checkbox"/> Group Home <input type="checkbox"/>
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Citizenship: Canadian Citizen  Permanent Resident  Non-Landed  Refugee  Work/Study Permit  Diplomat Status

Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Employer # (incl. Ext.) \_\_\_\_\_

↓ **PLEASE COMPLETE ONLY IF ADDRESS & PHONE NUMBER ARE DIFFERENT FROM STUDENT** ↓

Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_ City/Town \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone # \_\_\_\_\_

**CUSTODY INFORMATION**

**Are parents Separated?** Yes  No  **Divorced?** Yes  No

If you've answered 'Yes' to either of the above two questions, please complete the Custody and Living Arrangement sections:

**Custody Information\*\*:**  Both parents  Mother Only  Father Only  Shared  Joint  Guardian  \*C.A.S  \*Group Home

**Living With:**  Both parents  Mother Only  Father Only  Shared  Joint  Guardian  \*C.A.S  \*Group Home

\* Name of Case/Social Worker: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\*\* Note: Written Custody Agreement or Court Order must be provided and a copy is to be retained in student's OSR

If the student does not reside with a parent/foster parent, Form TCH15 must be completed to address Guardianship requirements.

If the student's parents do not reside in Ontario, a custody agreement must be provided indicating a transfer of custody from the parents to an adult resident within Ontario:  Custody Agreement reviewed

**Guardianship\*:** If there is no Custody Agreement, then all of the following four criteria must be met (check Yes or No) in order for the child to attend school without the payment of a tuition fee:

- 1) The student is a Canadian citizen or a permanent resident of Canada.  Yes  No
- 2) The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school.  Yes  No
- 3) The guardian is assuming full responsibility for the care and well-being of the student.  Yes  No
- 4) A written agreement is in place between the student's parents and guardian, establishing (3)  Yes  No

Note: \*Guardianship Forms and TCH-15 must be provided and retained in the student's OSR

**HOME LANGUAGE**

TO BEST SERVE THE STUDENT, WE ASK THAT YOU CAREFULLY READ THIS SECTION AND COMPLETE IT AS ACCURATELY AS POSSIBLE:

The language the student FIRST learned to speak \_\_\_\_\_

PRIMARY Language which student is most fluent \_\_\_\_\_

Primary HOME Language spoken in student's home \_\_\_\_\_

The main language spoken to the student by adults in the home \_\_\_\_\_

The main language spoken by the student at home \_\_\_\_\_

The main language spoken by adults at home \_\_\_\_\_

**ADDITIONAL INFORMATION**

Has the student resided outside of Canada since the date of the first time entry? Yes  No

If yes, please indicate Date of Re-entry into Canada if absent for a period of more than one year from the first time entry date (**does not apply to those students who were born in Canada**) – Month/Day/Year \_\_\_\_\_

Country of residence prior to most **recent entry** into Canada: \_\_\_\_\_

Has the student ever been away from school for any period of time? Yes  No

If yes, indicate the date from : \_\_\_\_\_ date to: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Please indicate reason for school interruption: \_\_\_\_\_

Note: If new to Canada, we ask that you please provide the school with a copy of the student's most recent Report Card

**TO BEST SERVE STUDENTS WITH SPECIAL NEEDS, PLEASE COMPLETE THE FOLLOWING:**

In the previous board attended, was the student involved in special education programs and/or services? Yes  No

If special education services were provided in another school board, please sign the appropriate consent form S7 which is available at the school office.

Does the student have **SEA** computer/laptop equipment? Yes  No

If yes, please contact the Assistive Technology and Resource Centre, (905) 713-1211 x 11635 to plan for the student's needs accordingly.

If this is the first time you are registering to attend school in Ontario, please indicate if there are special needs Yes  No

If yes, please contact the Catholic Education Centre, Student Service Department, Coordinator of Special Programs at 905-713-1211 ext. 11637 to plan for the student's needs accordingly.

Has the student ever been expelled from another school? Yes  No  If yes, was the student re-admitted Yes  No

Is the student currently under suspension from school? Yes  No  How many times was the student suspended \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

STUDENT ELIGIBILITY ATTESTATION FORM					
Parent <b>must</b> present proof of student's entry into Canada. <b>Date of entry</b> is the date that the student enters Canada to live, not a short-term visit/vacation in Canada taken beforehand. Check off the document presented, and the date on the document (should match the date of entry). <b>Only one document is required. Date format is (Month/Day/Year).</b> <b>TCH15</b> is required for <b>students born in qualifying countries</b> and their <b>Date of Entry is within the last 4 years</b> ; qualifying countries are <b>all</b> countries except Australia, Great Britain, Ireland, New Zealand and USA.					
STUDENT'S LEGAL STATUS AND SUPPORTING DOCUMENTS	STUDENT'S COUNTRY OF BIRTH	STUDENT'S DATE OF ENTRY *	VERIFIED & INITIALED		TCH15 REQ'D
<b>Canadian Citizen (born in Canada):</b> <input type="checkbox"/> Province: _____	Canada	N/A	<input type="checkbox"/>		
<b>Permanent Resident</b> <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Student <input type="checkbox"/> Permanent Resident Card/Confirmation of Permanent Residence			<input type="checkbox"/>		<input type="checkbox"/>
<b>OR Awaiting Determination:</b> <input type="checkbox"/> Documentation from Immigration, Refugees and Citizenship Canada (IRCC) confirming approval in principle Type of Document Reviewed: _____			<input type="checkbox"/>		<input type="checkbox"/>
<b>OR</b> <input type="checkbox"/> Alternative evidence reviewed by the Board supporting student's intention to remain permanently in Canada Type of Document reviewed: _____			<input type="checkbox"/>		<input type="checkbox"/>
<b>Refugee Status:</b> <input type="checkbox"/> Refugee Protection Claimant Document from IRCC			<input type="checkbox"/>		<input type="checkbox"/>
<b>OR</b> <input type="checkbox"/> Other support document: _____			<input type="checkbox"/>		<input type="checkbox"/>
<b>Parent's Study Permit:</b> <input type="checkbox"/> Parent's Acceptance Letter confirming the parent is enrolled as a full-time student for a minimum of 2 semesters and 600 hours at a <b>qualified</b> university, college or institution in Ontario in a program that leads to: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate (retain copy in child's OSR with proof of tuition payment) <input type="checkbox"/> Receipt for tuition fee payment <input type="checkbox"/> Parent's Study Permit Valid from _____ to _____			<input type="checkbox"/>		<input type="checkbox"/>
<b>Parent's Work Permit:</b> <input type="checkbox"/> Documentation from IRCC confirming approval of Work Permit (i.e. actual work permit to be issued at a later date)			<input type="checkbox"/>		<input type="checkbox"/>
<b>OR</b> <input type="checkbox"/> Valid Parent's Work Permit			<input type="checkbox"/>		<input type="checkbox"/>
<b>Canadian Citizen (Student born outside Canada)</b> <input type="checkbox"/> Foreign Passport <span style="margin-left: 150px;"><b>Parent</b></span> <span style="margin-left: 150px;"><b>Student</b></span> <input type="checkbox"/> Canadian Passport/ Canadian Citizenship <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ** **must be accompanied by Parent's Cdn passport or Citizenship Card			<input type="checkbox"/>		<input type="checkbox"/>
<b>Visa Student (Study Permit and tuition information filed in the OSR)</b>			<input type="checkbox"/>		
<b>Exchange Student (detail about the exchange is filed in the OSR)</b>			<input type="checkbox"/>		<input type="checkbox"/>
<b>Other Status:</b> <input type="checkbox"/> Diplomat Status/Minister's Permit <input type="checkbox"/> Non-Landed/None of the above			<input type="checkbox"/>		<input type="checkbox"/>

\*Verified Canadian Stamped Date of Entry on passport, Permanent Resident card, Refugee Protection Claimant document, Study permit, Visitor record

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board/School Official Name & Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE EDUCATION ACT AND THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT. QUESTIONS ABOUT THE COLLECTION AND USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY OFFICER, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO L4G 0M1 OR (905) 713-2711

**EMERGENCY PROCEDURES & CONSENT FORM**  
**IMPORTANT – PLEASE READ**

To ensure a safe environment for all students, we ask that the parent/guardian fully complete and sign the Emergency Procedures & Consent Form. If the student does not have allergies or a medical condition, we ask that you please complete all the sections on this form except for the Medical Information section; sign where indicated and return to the school.

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	BIRTHDATE (M/D/Y)	GRADE

Home Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_ City/Town \_\_\_\_\_  
 Home Number / Street Name \_\_\_\_\_

Municipality \_\_\_\_\_ Postal Code \_\_\_\_\_ Residence Telephone # \_\_\_\_\_

If student does not reside with Both Parents, indicate student residing with: Mother  Father  Other  If Other, please indicate relationship: \_\_\_\_\_

Is there a Custody Order/Visitation Access/Special Arrangements? Yes  No  If yes, ensure information is filled out on Page 3

EMERGENCY PROCEDURES AND CONSENT FORM

**EMERGENCY CONTACT # 1 (Usually Parent/Guardian)**

Name \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Employer Telephone# \_\_\_\_\_  
 Ext.: \_\_\_\_\_

Residence Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to the Student \_\_\_\_\_

**EMERGENCY CONTACT # 2 (Usually Parent/Guardian)**

Name: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Employer Telephone # \_\_\_\_\_  
 Ext.: \_\_\_\_\_

Residence Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to the Student \_\_\_\_\_

**EMERGENCY CONTACT # 3**

Name: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Employer Telephone# \_\_\_\_\_  
 Ext.: \_\_\_\_\_

Residence Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to the Student \_\_\_\_\_

**EMERGENCY CONTACT # 4**

Name \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Employer Telephone # \_\_\_\_\_  
 Ext.: \_\_\_\_\_

Residence Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to the Student \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ School Year: \_\_\_\_\_

EMERGENCY PROCEDURES AND CONSENT FORM

**MEDICAL INFORMATION**

**Note: The Principal may share this information with designated school personnel.**

On January 1, 2006, Sabrina's Law, 2005 came into force to protect students with severe allergic reactions (anaphylaxis). The responsibilities and guidelines outlined in YCDSB Policy 209 support our students through compliance with this legislation.

If the student has a dangerous life-threatening allergy(ies), including environmental allergy(ies), please specify below and complete form S15 and/or s15(a1) which are available at the school office.

**My child has a life threatening allergy as explained below and I have received Form S15(a1) for completion .**

Please provide details for all allergies, life-threatening or not, below:

ALLERGY(IES)	Mild	Moderate	Severe	Life-Threatening

**Note:** If your child is anaphylactic, school must have an EPI pen and your child is required to carry an EPI pen at all times.

If the student has a prevalent medical condition(s) (asthma, diabetes, and/or epilepsy) please provide details of the condition(s) below and complete form S16 and/or S16(a1), as well as the applicable form(s) noted below:

MEDICAL CONDITIONS	I have completed condition-appropriate form:
Asthma:	S40(a1) <input type="checkbox"/>
Diabetes:	S16(b) <input type="checkbox"/>
Epilepsy:	S16(c) <input type="checkbox"/>

If the student has a medical condition not listed above, please complete form 16 and/or 16(a1) and describe the condition:

**As in all cases of emergency, our school will call 911 and contact the parent/guardian. In the event that neither a parent, nor the emergency contact person can be reached, I authorize the Principal or his/her designate to transport my son/daughter to the nearest medical facility by ambulance if deemed necessary.**

Parent/ Guardian/Student (if student is 18 years or older):  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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