



Grade: _____ School Year: _____



SECONDARY STUDENT REGISTRATION

OFFICE
USE ONLY:

School	Registration Date	First Day of Attendance	OEN#
Proof of Birth	Date OSR Requested	Date OSR Received	Date MW complete
Custody <input type="checkbox"/>	Health Alert <input type="checkbox"/>	Special Education Program <input type="checkbox"/>	Student Fee Paid <input type="checkbox"/> # _____
Mode of Transportation: Walk <input type="checkbox"/>	Bus <input type="checkbox"/> Route# _____	Public Transit <input type="checkbox"/>	Other _____

STUDENT INFORMATION

Legal Surname	Given Name	Middle Name(s)
Usual Surname	Usual First Name	Date of Birth (M/D/Y) Gender Grade
Previous School	Address of Previous School (if known)	
Former Students Only (Date Left): _____ Reason for leaving: _____		

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 Holy Cross)

Name	Name	Name
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ADDRESS INFORMATION

Home Address:

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

Mailing Address: (if different from above)

RR#	Box	House #	Street Name	City/Town	Postal Code
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Father/Guardian - Surname Given Name Address (if different from student) Phone

Work Phone # & Ext. Cell Phone # Email Address - Do you wish to receive Board and/or school newsletters through email? 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 Board and/or school newsletters through email? Yes No

FAMILY & CUSTODY INFORMATION

Choose one of the following clauses that pertain to your custody status and circle the appropriate corresponding letter A–H. 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. Registering Person is the student and is 18; or is at least 16 years of age and has withdrawn from parental control:**
*Withdrawn from Parental Control Form obtained from Holy Cross Secondary School to be completed. *Yes No
- H. Children's Aid Society (C.A.S.) –Legal Guardian Name:** _____
I am the foster mother/foster father of the child. Yes No
- I. Children's Aid Society (C.A.S.) – Name of C.A.S.** _____ Yes No
child resides in a Group Home **Name of Group Home:** _____

Lives with: Both parents (no custody issues) Mother† Father† Alternates between Mother/Father † Legal Guardian
Other (please specify) _____

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

STUDENT RESIDENCY INFORMATION

1. Have you lived in Canada for the past 4 years? Yes No **Date of Entry to Canada:** _____
Country of Birth: _____ Province of Birth: _____
2. Are you a Canadian Citizen? Yes **R** No If YES, Birth Verification form MUST be placed in student's OSR
3. Are you a Permanent Resident? Yes **R** No If YES, Confirmation of Pupil Entry from Another Country form MUST be placed in student's OSR
4. Are you a Refugee Claimant? Yes **R** No If YES, Confirmation of Pupil Entry from Another Country form MUST be placed in student's OSR
5. Are you a Fee Paying Visa student with a Student Authorization (VISA) from Immigration Canada?
Yes **NR** No If YES, copy of Student authorization (VISA) MUST be placed in student's OSR

Language(s) Spoken

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

Aboriginal Ancestry

If the student is considered to be of Aboriginal ancestry and chooses to self-identify, please check all categories that apply:

First Nation

First Nation-Tuition

Metis

Inuit

R = Resident/Pupil of the Board NR = Non-Resident

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 _____

**If administered at school, please complete the "Authorization for Administration of Medication" form.*

Health Problems: Are there problems or restrictions which may affect work or play at school? 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: _____

SPECIAL EDUCATION INFORMATION (if applicable)

To be completed by the Special Education Department at current / former school.

Does the student have an Individual Education Plan (I.E.P.)? Yes No

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

Has the student worked with an Educational Assistant within the past year? Yes No Shared support or 1:1 Support ?

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

Would the student require specialized transportation? Yes No

A copy of the IEP is attached to this form Special Education Contact Person: _____

INFORMATION RELEASE

1. 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." Yes No
2. The PVNCCDSB takes pride in publishing events happening in the schools. Board and School websites, newspapers, newsletters, media, other publications and displays 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 Board and School websites, newspapers, newsletters, media, other publications and displays. Yes No
3. I authorize the PVNCCDSB to allow the news media to interview and publish photographs or audio/visual productions of my son/daughter. Yes No
4. 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
5. 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
6. 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
7. I give permission to the school to release my mailing address to R.J. McCarthy School Uniforms for promotional mailings. Yes No

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

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: Holy Cross Catholic Secondary School has a Dress Code and Code of Conduct. Your signature below indicates that you agree that your son/daughter will adhere to the 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.