

SECONDARY STUDENT REGISTRATION

| | | | | | |
|---|--|--|---------------------------------------|---|---|
| OFFICE USE ONLY | OEN# _____ | <input type="checkbox"/> Custody | <input type="checkbox"/> Health Alert | <input type="checkbox"/> Special Education Program | <input type="checkbox"/> Student Fee Paid |
| Proof of Birthdate: | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Certificate of Live Birth | <input type="checkbox"/> Passport | <input type="checkbox"/> Certificate of Citizenship | |
| I hereby confirm that the ORIGINAL document(s), indicated above, have been viewed and the student information below is correct. | | | | | |
| 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 (M/D/Y) _____ Gender _____ Grade _____ |

PERSONAL INFORMATION SHARING WITH PREVIOUS SCHOOL 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.

Student's Email: _____ *Students enrolling in eLearning courses must provide an email address for correspondence.

Former Students Only (Date Left): _____ Reason for leaving: _____

| | |
|---|---|
| Is this student 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"/> |
| Ontario Federation of School Athletic Associations (OFSAA) Eligibility (if applicable)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Siblings (attending Holy Cross) Names: _____
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 # | |
| Mailing Address: _____ | | | | |
| RR# | Box | House # | City/Town | Postal Code |

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, 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 the Board, including its schools or school councils, ***please provide your email in the contact information below.***

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

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

FAMILY & CUSTODY INFORMATION

Choose one of the following clauses that pertain to your custody status and circle the appropriate corresponding letter A-I.
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.** _____
 Child resides in a Group Home **Name of Group Home:** _____ Yes No

Lives with: Both parents Mother Father Alternates between Mother/Father Legal Guardian Other (please specify) _____

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

RESIDENCY INFORMATION

1. Is your child a Canadian citizen? Yes No
2. Has your child lived in Canada for the past 4 years? Yes No **Date of Entry to Canada:** _____
 Country of Birth: _____ Province of Birth: _____
3. Is your child a Permanent Resident? Yes No
4. Is your child a Refugee Claimant? Yes No
5. Is your child a Fee Paying Visa student with a Student Authorization (VISA) from Immigration Canada? Yes No
6. Is your child a First Nation student living on a Reserve? Yes No If yes, check the applicable box. Alderville Curve Lake Hiawatha
7. Is your child a Non-First Nation (Non-Native) student living on a Reserve? Yes No

VOLUNTARY FIRST NATION, MÉTIS AND INUIT 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. 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 your child as having First Nation, Métis and Inuit ancestry, please check the appropriate box or boxes:

First Nation Métis Inuit

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 _____

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: _____

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 PVNCCDSB takes pride in publishing events happening in the schools. Board newspapers, school newsletters, media and 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
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. 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 R.J. 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."

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.

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