

Secondary Registration Form

SCHOOL NAME: _____ **PRINCIPAL:** _____

STUDENT INFORMATION

_____ M F
Legal Last Name **Legal First Name** **Middle Name** **Preferred Name** **Gender**

Birthdate (dd/mmm/yyyy): _____ **Proof of Age:** Birth Certificate Passport Other: _____

Province of Birth: _____

First Language Spoken: English French Ojibwe Other: _____

Country of Origin: _____ **Date of Entry into Canada (if applicable):** _____
YYYY/MM

Status in Canada: Canadian Citizen Permanent/Landed Resident
 Student Exchange Student Study Other: _____

PROPERTY ADDRESS INFORMATION

Street (House #, Building/Block, Street Name) **Apt. # / Suite** **P.O. Box** **R.R.**

City / Town **Province** **Postal Code**

Home Phone Number: (____) _____ Unlisted

Mailing Address (only if different from property address)

Street (House #, Building/Block, Street Name) **Apt. # / Suite** **P.O. Box** **R.R.**

City/Town **Province** **Postal Code**

PARENT / GUARDIAN INFORMATION

Last Name _____ **First Name** _____

Relationship to Student _____

Address (if different than Student) _____

Home Phone (____) _____ **Work Phone** (____) _____

Cell Phone (____) _____ **E-mail** _____

Lives with student? Yes No

Last Name _____ **First Name** _____

Relationship to Student _____

Address (if different than Student) _____

Home Phone (____) _____ **Work Phone** (____) _____

Cell Phone (____) _____ **E-mail** _____

Lives with student? Yes No

CHECK BOTH COLUMNS

Student Lives With	Legal Custody Y/N	
Both Parents		
Father		
Mother		
Grandparent(s)		
Foster Parent CAS		
Other*		
*Specify: _____		

OFFICE USE ONLY

Pupil Number _____ **OEN** _____

Resident Pupil? Yes No **If No - Tuition Paid By:** Native Education Authority VISA International Student

Has this student ever been identified through an IPRC process? Yes No

CONTINUED OVER.....

EMERGENCY CONTACTS (OTHER THAN Parent or Guardian)

Call First: _____	Can Pick Up Student? <input type="checkbox"/>	Call Second: _____	Can Pick Up Student? <input type="checkbox"/>
Relationship _____		Relationship _____	
Last Name _____		Last Name _____	
First Name _____		First Name _____	
Address _____		Address _____	
Home Phone () _____		Home Phone () _____	
Business Phone () _____ Ext.: _____		Business Phone () _____ Ext.: _____	
Cell Phone () _____		Cell Phone () _____	

MEDICAL / HEALTH CONDITION

Doctor Name _____ Phone Number () _____

Health Card _____ Revision Code _____

Allergies and Health Conditions:
 _____ Life Threatening _____ Life Threatening

I, the Parent/Guardian, give my permission to the school to transport my child to a medical facility in case of emergency. Y N

EDUCATION

Grade: _____

Program(s): Regular English Program French Immersion Arts Education Program Bilingual Trades Program Other: _____

Previously attended a school in RDSB? Yes No
 Science Technology Education Program (STEP)
 International Baccalaureate Program
 School of Integrated Technology
 College Certificate Program

Previous School Name: _____ City/Town: _____ Province: _____

Previous School Board Name: _____

FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION

Parents/Guardians have the opportunity to self-identify their child(ren) as First Nation, Métis or Inuit. This information will be used to improve the educational outcomes and promote equal opportunity for First Nation, Métis and Inuit students of the Rainbow District School Board. **I am...**

First Nations (off-reserve) First Nations (on reserve) Métis Inuit First Nation: _____

DISTRIBUTION LIST

YES. I would like to be included on the distribution list to receive information from and about my child's school and education, including newsletters, school and Board updates, announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, prom or dance tickets, or other events or activities associated with the school or the community. Consent is being requested in accordance with Canada's Anti-Spam Legislation (CASL). If you have any questions, or if you would like to withdraw your consent at any time, please contact your child's school.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, personal information on this form, and any other correspondence relating to your child's involvement in our programs, is being collected by Rainbow District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2), Sections 58.5, 265 and 266 as amended. The information will be used in accordance with the Education Act and the regulations and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records or for a consistent purpose such as the allocation of staff and resources. Employees will have access to this information to carry out their job duties. The information will also be used for matters related to health and safety or discipline. The Board is required to disclose personal information in compelling circumstances, for law enforcement purposes, or in accordance with any other Act that permits disclosure. This information will automatically be shared among schools within the jurisdiction of Rainbow District School Board for registration purposes. It will also be shared with the Sudbury Student Services Consortium and school bus operators for the purpose of providing student transportation. Questions regarding this collection should be directed to the School Principal.

 Parent/Guardian Signature

 Principal Signature

 Date

 Date

LOCKERBY COMPOSITE SCHOOL
GRADE 9 PROGRAM SELECTION FORM
2017 – 2018

****This form is to be used by students living in the Lockerby Composite School boundary.**

NAME _____ FEMALE _____ MALE _____

1. **CIRCLE** the level selection for each of the following **compulsory** courses:

COURSE	LEVEL	GRADE 8 TEACHER RECOMMENDATION
ENGLISH	ENG1D0 - Academic ENG1P0 - Applied ENG1L0 - Locally Developed	Academic Applied Locally Developed
MATH	MPM1D0 - Academic MFM1P0 - Applied MAT1L0 - Locally Developed	Academic Applied Locally Developed
SCIENCE	SNC1D0 - Academic SNC1P0 - Applied	Academic Applied
FRENCH	FSF1D0 - Academic FSF1P0 - Applied FIF1DI - Immersion	Academic Applied Academic Immersion
GEOGRAPHY	CGC1D0 - Academic CGC1P0 - Applied CGC1DI - Immersion	Academic Applied Academic Immersion
PHYS ED	PPL1OM - Boys PPL1OF - Girls PPL1OI - Co-Ed Immersion	

2. **CIRCLE** the selection for **one** of the following **elective** courses:

AMU100 Music	AVI100 Art
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3. **CIRCLE** the selection for **one** of the following **additional elective** courses:

HFN10 Food and Nutrition	TIJ100 Exploring Technology
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Optional:

AMI10B - Band Credit

 Open to all students. Band runs all year, outside of school hours. **Circle** if selecting this credit in addition to other 8 selections.

To be completed by the grade 8 teacher or elementary school principal: Will an IPRC be required? _____ If Yes, identification _____
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Student's Signature _____ Parent's Signature _____

Date _____