

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 Science Technology Education Program (STEP)
 French Immersion International Baccalaureate Program
 Arts Education Program School of Integrated Technology
 Bilingual Trades Program College Certificate Program
 Other: _____

Previously attended a school in RDSB? Yes No

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

Date

Principal Signature

Date

**LOCKERBY COMPOSITE SCHOOL
GRADE 9 STEP PROGRAM SELECTION FORM
2018 – 2019**

NAME _____ FEMALE _____ MALE _____

1	Check ONE Program Only ► Required Courses Below	STEP			
	English Science Int. Tech. Phys. Ed. Math French Geography	<input type="checkbox"/> Laptop STEP^{2 3} Immersion ENG1DL* SNC1DL* TIJ1OI* PPL1OI* MPM1DL* FIF1DI CGC1DI*	<input type="checkbox"/> NonLaptop STEP² Immersion ENG1DT SNC1DT TIJ1OI PPL1OI MPM1DT FIF1DI CGC1DI	<input type="checkbox"/> Laptop STEP^{2 3} English ENG1DL* SNC1DL* TIJ1OL* PPL1OL* MPM1DL* FSF1DT CGC1DL*	<input type="checkbox"/> NonLaptop STEP² English ENG1DT SNC1DT TIJ1OT PPL1OM/F MPM1DT FSF1DT CGC1DT
		<input type="checkbox"/> Pre-Advanced Placement Open to all STEP students. Pre-AP curriculum is embedded throughout Grade 9 STEP curriculum.			
		<input type="checkbox"/> MPM1DE-Enriched Math Students with a minimum of 85% in 4 Grade 8 mathematical strands			
		<input type="checkbox"/> AMI10B-Band Credit Open to all students. Band runs all year, outside of school hours			
2	All Students: Check ONE ► Elective	Choose One: <input type="checkbox"/> AMU100 Music Instrumental <input type="checkbox"/> AVI100 Art			

All students must take eight (8) courses: the required courses (shaded) and one elective.

To be completed by the grade 8 teacher or elementary school principal: Will an IPRC be required? _____ If Yes, identification _____ Is STEP recommended for this student: Yes _____ No _____
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Student's Signature _____ Parent's Signature _____

Date _____

*Course taught using Laptop Computer
² Student must also complete STEP Application
³ Student must also complete Laptop Commitment Form

**Lockerby Composite School - STEP Application
2018 - 2019**

75% AVERAGE REQUIRED

STUDENT'S NAME: _____

ELEMENTARY SCHOOL: _____ **PHONE:** _____

To the Parent and Student: **Be sure** you have included the following with your STEP application:

1. This ***STEP Application Form***
2. The ***Student Registration Information Form***
3. The ***Grade 9 Program Selection Form*** (PSF-02)
4. The ***Grade 8 Report Card*** issued between Jan. 20th and Feb. 20th
5. The ***Laptop Commitment Form*** (for Laptop option)

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

ALL COMPLETED FORMS WILL BE COLLECTED BY THE ELEMENTARY SCHOOL PRINCIPAL IN THE RAINBOW BOARD AND FORWARDED TO THE PRINCIPAL OF LOCKERBY COMPOSITE SCHOOL.

FOR STUDENTS OUTSIDE THE RAINBOW BOARD, PARENTS ARE RESPONSIBLE FOR SUBMITTING THEIR COMPLETED STEP APPLICATION PACKAGE DIRECTLY TO:

C. Runciman, Principal
Lockerby Composite School
1391 Ramsey View Court
Sudbury, ON P3E 5T4

APPLICATION DEADLINE IS MARCH 1ST, 2018