



**TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD  
SCHOOL OF ALTERNATE EDUCATION  
OVER-18 STUDENT REGISTRATION FORM  
2018 - 2019**

**Consents**

Your permission/consent will apply for the duration of your attendance at this school.

Your name: \_\_\_\_\_

Please indicate below whether you consent in respect of each of the matters set out below:

Information to be shared with parent I give consent  I do not give consent

I have read the Appropriate Use of Information/Communication Technology and Technology Services Policy (available on the TLDSB website and at your school) regarding accessing the Internet and use of technology / technology services (whether owned or licenced to the TLDSB) while at school. I understand that my use of technology is subject to the requirements and terms of this Policy.

I give consent  I do not give consent

My photograph/name may be displayed in school buildings (other than the student's classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent  I do not give consent

My school work/name may be displayed in school buildings (other than the student's classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent  I do not give consent

Canada Anti-Spam Legislation Consent (CASL): I consent to receive commercial electronic messages about school pictures, field trips, yearbook sales, food programs, event tickets, or similar events or offers to sell goods and services.

I give consent  I do not give consent

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*\*NOTE: When spectators – including parents or media – are invited to school events off school property, the event becomes a public event and anyone in attendance is permitted to take photographs without first obtaining parental consent. Please contact your school Principal or the TLDSB Communication Department if you need clarification.*

**Privacy of Confidential Information**

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the school principal.

**Acknowledgement and Certification**

- I certify the information included on this registration form is correct.
- I understand that it is my responsibility to advise the school immediately of any changes to the information provided on this form.
- I understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization if deemed necessary.
- I acknowledge that the school accepts no liability for thefts which may occur on the school premises.

Signature of Student \_\_\_\_\_ Print Name \_\_\_\_\_ Date of Signing \_\_\_\_\_

Administration has reviewed the form

Date: \_\_\_\_\_ Signature of School Administrator: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_

DATE OF ADMISSION: \_\_\_\_\_

<i>Shaded Areas for Office Use</i>		<b>PLEASE PRINT CLEARLY</b>			School No. _____	
Legal Last Name, First Name, Middle Name					Male <input type="checkbox"/>	Female <input type="checkbox"/>
					Home Phone Number Unlisted <input type="checkbox"/>	
Preferred Last Name, First Name, Middle Name (same as above <input type="checkbox"/> )					Cell Phone Number Unlisted <input type="checkbox"/>	
Date of Birth	Proof of Age Document	Grade	Homeroom	Out of Area	Proof of Address	
Year    Month    Day				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Proof of Legal Name Verified By			OEN #			
House No. (911 Address)	Apt/Unit	Street Name		City/Town		Postal Code
Email Address			Previously Attended School in TLDSB?			
			Yes <input type="checkbox"/> School: _____			
Mailing Address (if different from above)			No <input type="checkbox"/> Previous School and Board if not TLDSB:			
			Address or Phone Number of Previous School			
<b>Special Education</b>						
Have you had assessments in:    Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Psychological Services <input type="checkbox"/>						
Have you been formally identified by an Identification, Placement, and Review Committee?    Yes <input type="checkbox"/> No <input type="checkbox"/>						
If so, what is the IPRC Identification? _____						
Do you have an Individual Education Plan (IEP)?    Yes <input type="checkbox"/> No <input type="checkbox"/> Subjects: _____						
<b>Citizenship</b>						
Canadian <input type="checkbox"/> Other <input type="checkbox"/> _____ (list country)						
Student Visa <input type="checkbox"/> Parent Work/Visa <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/>						
Country of Birth		Province of Birth		If born outside of Canada, date of entry into Canada		
				Year/Month/Day		
<b>Documentation Examined and Verified for Eligibility</b>						
Confirmation of Permanent Residence (P.R.) <input type="checkbox"/>				Visitor Record <input type="checkbox"/>		
Date became a P.R. _____				Date Signed _____		
Permanent Resident Card <input type="checkbox"/>				Consideration of Eligibility (Convention Refugee) <input type="checkbox"/>		
Date (back of card) _____				Date Stamped _____		
Study Permit <input type="checkbox"/>				Passport <input type="checkbox"/>		
Date Signed _____				Date Stamped _____		
Other (Please Specify and Indicate Date) <input type="checkbox"/> _____						

Alternate Tuition Fee Students	Tuition Paid Directly to the Board <input type="checkbox"/>	First Nation Education Authority <input type="checkbox"/>
	Exchange Student <input type="checkbox"/>	International Student <input type="checkbox"/>
Admit Reason	Admit Date	First Language
Have you been receiving English as a Second Language (ESL) instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Voluntary and Confidential – First Nation, Métis, and Inuit Self-Identification</b>		
All First Nation, Métis, and Inuit students, and students who are 18 years or older, have the right to voluntarily and confidentially self-identify their Aboriginal ancestry.		
I consider myself to be of First Nation, Métis, and Inuit Ancestry (Supporting documentation is not required.) Yes <input type="checkbox"/>		
The categories that apply to me are checked below:		
<input type="checkbox"/> First Nation		
<input type="checkbox"/> Métis		
<input type="checkbox"/> Inuit		
Trillium Lakelands District School Board is providing the opportunity for Voluntary Self-Identification of First Nation, Métis, and Inuit ancestry so that the best programs and supports can be put in place to help increase First Nation, Métis, and Inuit student success. Data from sources including EQAO scores will be used to monitor the success of students, program, and supports.		
<b>Emergency Contacts</b>		
<b>Emergency Contact 1</b> (primary contact)		Address, if different from student
Last Name, First Name		
Relationship to Student		Place of Employment
Home Phone	Cell Phone	Business Phone
Email		
Emergency Contact <input type="checkbox"/>		Can Contact at Work <input type="checkbox"/>
<b>Emergency Contact 2</b> (primary contact)		Address, if different from student
Last Name, First Name		
Relationship to Student		Place of Employment
Home Phone	Cell Phone	Business Phone
Emergency Contact <input type="checkbox"/>		Can Contact at Work <input type="checkbox"/>
<b>Next of Kin</b> (if different than above)		Address, if different from student
Last Name, First Name		
Home Phone	Cell Phone	

\*additional emergency contacts can be provided to the school on a separate piece of paper if required.

<b>Suspension/Expulsions</b>		
Are you currently suspended from any school in Ontario? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, provide name of the school and the School Board. _____		
Have you ever been expelled from any school in Ontario? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, provide name of the school, the School Board and a contact name. _____		
<b>Medical</b>		
Doctor's Name	Phone Number	Health Card (Optional)
Immunization Record Received Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>A Medical Management and Response Plan will be created for students who have a life threatening or other medical condition that requires a plan to address individual needs. Please see the Principal for additional information/permission forms to support a life-threatening medical condition.</b>		<b>Medical Management and Response Plan</b> Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
Student wears a MedicAlert® Bracelet/Necklace Yes <input type="checkbox"/> No <input type="checkbox"/>		
Registration No. _____		
Do you have allergies and/or health conditions that are life-threatening? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, do you carry an epi-pen? Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Anaphylactic Management and Response Plan</b> Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details of the condition: _____ _____		
Do you have asthma? (all cases of asthma are considered life-threatening) <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Asthma Management and Response Plan</b> Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, do you carry an inhaler for asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, give details: _____ _____		
Do you have mild allergies and/or health conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, give details: _____ _____		

<b>Office Use Only</b>		
OST or Credit Counselling Summary Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OSSLT Successfully Completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation of Completed Community Service Hours Received	Yes <input type="checkbox"/>	No <input type="checkbox"/> Hours _____
Please obtain proof.		