



NORTHEASTERN CATHOLIC DISTRICT SCHOOL BOARD
101 Spruce Street North, Timmins, Ontario P4N 6M9
Tel. # : (705) 268-7443 OR 1-877-422-9322 Fax # : (705) 267-3590
www.ncdsb.on.ca

MISSION

Inspired by the mystery of Christ, we will guide our students on a journey of discovery that celebrates life.

SCHOOL REGISTRATION FORM

Please fill out the following details to enroll a student at a Northeastern Catholic District School Board school. Required fields are marked with an asterisk (*).

PROGRAM & SCHOOL INFORMATION

* Program: English Language Program French Immersion Program

* School: _____

* Grade Level (please circle): JK K 1 2 3 4 5 6 7 8 9 10 11 12

Proof of age will be required for JK registrants.

Birth Certificate Baptismal Certificate Other: _____

STUDENT INFORMATION

* Last Name: _____ * First Name: _____

* Date of Birth: ____/____/____
M D Y

* Gender: Male Female

* Home Telephone: _____ Other Telephone: _____

* Home Address: _____

* City/Town: _____ * Postal Code: _____

If home address and mailing address are different, please fill out the following information:

Mailing Address: _____

City/Town: _____ Postal Code: _____

Student's Religion: _____ Present Parish: _____

Name of Last School Attended: _____ Location: _____ Grade: _____

Name(s) of other children at the same address:

| Last Name | First Name | Age | School |
|-----------|------------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PARENTAL INFORMATION

* Student Resides With: Both Parents Mother Only Father Only Joint Custody
 Legal Guardian Other: _____

Fill out the applicable information below:

Father's Name: _____ Religion: _____

Father's Address (if different than Student's address above): _____

Father's Employer: _____ Work Telephone: _____

Father's E-mail: _____ Cell Phone: _____

Mother's Name: _____ Religion: _____

Mother's Address (if different than Student's address above): _____

Mother's Employer: _____ Telephone: _____

Mother's E-mail: _____ Cell Phone: _____

Guardian's Name: _____ Religion: _____

Guardian's Address (if different than Student's address above): _____

Guardian's Employer: _____ Telephone: _____

Guardian's E-mail: _____ Cell Phone: _____

* Which person should the school contact first? Father Mother Guardian

* Assessment Information: Tenants Owner

* Are you a Catholic school supporter? Yes No Don't Know

EMERGENCY & MEDICAL INFORMATION

* If parent(s) or guardian(s) cannot be reached, who should the school contact? (Please list 2 contacts.)

Name: _____ Relation: _____ Telephone: _____
Name: _____ Relation: _____ Telephone: _____

* Name of Family Doctor: _____ Doctor's Telephone: _____

* Student's Health Card Number: _____

* Please list all medical conditions, disabilities, allergies, special custody arrangements, court orders, other...

Note: You will be required to discuss these details with the school principal.

* Will your child need to take prescribed medication during school hours?

Yes No

If yes, please specify: _____

VOLUNTARY SELF-IDENTIFICATION

Self-identification information is being collected on a voluntary basis for the purpose of improving educational outcomes for all learners.

I am...

Métis:

Inuit:

First Nations: Specify: _____

Non-Aboriginal: Specify: _____

INFORMATION RELEASE:

The Municipal Freedom of Information and Protection of Privacy Act requires consent before personal information may be released by an institution. **Please answer the following questions.** If you give permission for certain information to be released, please check "Yes". If you do not give permission, please check "No".

* In case of a medical emergency, where the parents or designate cannot be contacted, permission is given to the Principal to have my child taken to the hospital and/or to have emergency treatment given. Yes
No

* I give permission for my child's name, transportation address, and telephone number to be shared with school board personnel, when necessary, to facilitate transportation for my child. Yes
No

* I give permission for the use of my child's name, grade, photograph, art work, articles and school projects to be used in school newsletters, school board publications or other displays (school bulletin boards). Yes
No

* I give permission for my child and his/her work to be included in any media event (website, newspaper or television) that occurs as part of the school program or activities. Yes
No

* I give permission for my child's name, my name, home address and home telephone number to be provided to the parish priest to help with sacramental preparation and other parish/school activities. Yes
No

I understand that my child's name, date of birth, home address and telephone number and name of previous school attended (if applicable) will be provided to the Health Unit as required by the Education Act and the Immunization of School Pupils Act.

The information collected in this form will be used for quick access to some of the information in the Ontario Student Record Folder, in case of emergencies, and in the organization of transportation and school programming. The contact person for the collection of this information is the principal of your child's school. This consent is valid for the period during which the above named student is at this school, but may be withdrawn at any time, upon written notice.

* I hereby declare that I will not take any action against the Northeastern Catholic District School Board in relation to the publication of this information. It is understood that the information may only be used for the purposes authorized above. This consent is valid for the period which the above named student is at this school, but may be withdrawn at any time, upon written notice.

IF STUDENT IS UNDER 16 YEARS OF AGE: Only the signature of a parent/legal guardian is required. IF STUDENT IS 16 OR 17 YEARS OF AGE DURING THE SCHOOL YEAR: The signature of the student and a parent/legal guardian are required. IF STUDENT IS 18 YEARS OF AGE OR OLDER: Only the signature of the student is required.

Date

Name of Student

Signature of Student (16 years of age or older)

Name of Parent/Guardian

Signature of Parent/Guardian

The legal authority for the collection of this information is the Education Act. The Board uses the information for the purpose of carrying out its responsibilities under the Education Act. If you require clarification about the collection of this information, contact the Freedom of Information Coordinator at (705) 268-7443.

PLEASE ADVISE THE SCHOOL OF ANY CHANGE IN INFORMATION DURING THE SCHOOL YEAR.