BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD
P.O. Box 217, 322 Fairview Drive, Brantford ON N3T 5M8
Phone 519-756-6505 -- **Fax** 519-756-9913

STUDENT REGISTRATION FORM - SECONDARY

STUDENT INFORMATION:

Student's Legal Name: _____
Last First Middle

Student's Preferred Name: _____
(if different from above) Last First Middle

Street Address: _____ Apt. #_____ City: _____ Postal Code: _____

Rural Address: RR#_____ Road Number/Name: _____

Mailing Address *(if different from above)*: Postal Box: _____ Postal Code: _____

Document Used for Proof Of Residence_____ Address Verified by:_____
(i.e., Utility Bill/Lease/Property Title) (School Official or Designate)

Telephone Number: _____

Birth Date: _____/_____/_____ Admitting into Grade: _____ Gender: Male ☐ Female ☐
Year Month Day

Student Baptized Roman Catholic: Yes ☐ No ☐

Date Baptized: _____/_____/_____ Name of Church where Baptized: _____
Year Month Day

School Tax Support of Present Residence: Separate School ☐ Public School ☐

LAST SCHOOL ATTENDED:

Name of School: _____ School Board: _____
Address: _____ Postal Code:_____
Phone Number: _____

PARENTS AND/OR GUARDIANS:

Mother/Guardian Name: _____
Address (*if different from Student*):_____
Lives with Student: Yes ☐ No ☐
Employer: _____ Occupation: _____
Phone #: Work: _____ Ext.:_____ Available at Work? Yes ☐ No ☐
Phone #: Home: _____Cell: _____
Mother's/Guardian's E-mail Address: _____
Religion: Roman Catholic? Yes ☐ No ☐ Parish: _____

Father/Guardian Name: _____
Address (*if different from Student*):_____
Lives with Student: Yes ☐ No ☐
Employer: _____ Occupation: _____
Phone #: Work: _____ Ext.:_____ Available at Work? Yes ☐ No ☐
Phone #: Home: _____Cell: _____
Father's/Guardian's E-mail Address: _____
Religion: Roman Catholic? Yes ☐ No ☐ Parish: _____

CUSTODY:

Please indicate if the school administration should be aware of any such Court Order for the protection of your child.

Yes ☐ No ☐ If 'yes', please make arrangements to discuss this situation with the school principal. Legal documentation will be required.

STUDENT CITIZENSHIP/ IMMIGRATION INFORMATION: A copy of Birth Certificate or Visa/Immigration Documentation is required for ALL students

Country of Birth: _____ Original Date of Entry into Canada: _____/_____/_____ (Year Month Day)

Province of Birth: _____

Indigenous Student Self-Identification *(voluntary information)*: First Nation ☐ Mètis ☐ Inuit ☐

Student is a member of Six Nations ☐ Mississaugas of the Credit ☐ Other _____

Resident of Reserve: Six Nations of the Grand River ☐ Mississaugas of the Credit ☐

Citizenship Status: Canadian ☐

Permanent Resident (Landed Immigrant) ☐ Date on PR Documentation _____/_____/_____ (Year Month Day) Verified By: _____ (School Official or Designate)

Student Visa ☐ Other Visa ☐ _____ Expiry Date: _____/_____/_____ (Year Month Day)

First Language Spoken: _____

Interpreter Required: Yes ☐ No ☐ Tuition Paying Student: Yes ☐ No ☐

EMERGENCY CONTACT: In case of emergency or school closure, please provide us with names and phone numbers of contacts if the school cannot contact you.

	Name	Relationship	Phone Number(s)
Emergency Contact #1 (Other Than a Parent)			Home: Cell:
	Name	Relationship	Phone Number(s)
Emergency Contact #2 (Other Than a Parent)			Home: Cell:

MEDICAL INFORMATION:

Are there any particular health/medical problems your child may be experiencing which the school should be aware of?

No Health Concerns ☐ Life Threatening Allergies/Conditions ☐ Physical Disabilities ☐ Allergies ☐ Serious Illness ☐ Asthma ☐

Previous Concussion ☐

Please explain: _____

_____

Does your child require any prescribed medication for his/her condition/illness during school hours? Yes ☐ No ☐

Doctor: _____ Phone Number: _____

SPECIAL PROGRAMMING:

Has your child previously received English as a Second Language Assistance? Yes ☐ No ☐

Has your child previously received Special Education Assistance through an Individual Education Plan? Yes ☐ No ☐

Has your child participated in the Identification Placement and Review Committee (IPRC) process? Yes ☐ No ☐

Does your child have any Physical Needs?: ☐ Vision ☐ Hearing ☐ Toileting ☐ Medication ☐ Mobility

Does your child use any assistive devices? Please specify: _____

_____

Does your child currently receive support from any Community agencies? Please specify: _____

_____

INFORMATION COLLECTION AUTHORIZATION

Notice of Collection: 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 and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989.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. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)

Under the Education Act, transportation is an educational purpose. Whether it is a class trip or transportation to school, most of our students will ride a school bus. The Brant Haldimand Norfolk Catholic District School Board has an agreement with Student Transportation Services - Brant Haldimand Norfolk (STSBHN) to share student data including personal information. Examples of information that is shared includes (but is not limited to) a student's home address (for bussing to school) or a student's emergency contact name and phone number (on hand for bussing during a class trip). STSBHN is bound by the same 'acts' as the Board (PIPEDA, MFIPPA, PHIPA) and handles the personal information they receive accordingly.

I consent to the collection, use and disclosure of personal information to Student Transportation Services Brant Haldimand Norfolk.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____