

NOTE: OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED.

BASIC INFORMATION		
Legal Last Name	First Name	Middle Name
Preferred Name (if different from legal name, please indicate below): Preferred Last Name Preferred First Name		Birth Date: (MM/DD/YYYY)
Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/> Prefer not to Disclose: <input type="checkbox"/> Prefer to Identify as: _____		
Phone Number:	Email Address:	
Alternate Number:		

ADDRESS	
STREET:	Apt. # / Unit #
CITY:	
PROVINCE:	POSTAL CODE:

EMERGENCY CONTACT	
Relationship to Student:	Parent/Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name (Last Name, First Name):	
Home Phone:	Cell Phone:
Parent/Guardian: (if under 18 years of age)	Lives with Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Custody:	Exclusive: <input type="checkbox"/> Both Parents: <input type="checkbox"/> Joint: <input type="checkbox"/> Crown <input type="checkbox"/>
Parent/Guardian #	
Name (Last Name, First Name):	
Home Phone:	Cell Phone:
Parent/Guardian Email:	

MEDICAL INFORMATION

Life Threatening Medical Conditions

Does the student have a "Life Threatening" medical condition? Yes No

Please provide details:

Does the student require an EPIPEN? Yes No

Does the student require Insulin, Glucagon, other? Please specify:

Non-Life-Threatening Medical Conditions

Are there any non-life-threatening medical conditions the school should be aware of? Yes No

Please provide details:

COUNTRY OF BIRTH, CITIZENSHIP AND LANGUAGE

Country of Birth:	Province of Birth:	Country of Citizenship:
If not born in Canada, original date of first entry into Canada:		
Month (mm)	Day (dd)	Year (yyyy)
Immigration Document:		
Residence Status in Canada:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Work or Study Permit	<input type="checkbox"/> Refugee Status
	<input type="checkbox"/> Exchange	Other:
First Language:		Language Spoken at Home:
Are you a tax paying citizen of Ontario: Yes <input type="checkbox"/> No <input type="checkbox"/>		

VOLUNTARY: SELF-IDENTIFICATION OF FIRST NATION, MÉTIS AND INUIT STUDENTS

If choosing to self-identify, please check the appropriate box: First Nation Métis Inuit

Simcoe County District School Board is committed to providing programs that result in improved success for First Nation, Métis and Inuit Students. All First Nation, Métis and Inuit Students have the right to voluntarily self-identify in accordance with SCDSB Policy 4195, Voluntary, Confidential Self-Identification of First Nation, Métis and Inuit Students.

FUNDING INFORMATION

ARE YOU A RECIPIENT OF FUNDING FROM ANY OF THE FOLLOWING AGENCIES?

OW CAS EI WSIB ODSP FNMI

Worker's Name: _____ Phone: _____

I give permission to the Learning Centre to correspond with my case worker regarding information about my attendance and progress.

DATE: _____ STUDENT SIGNATURE: _____

EDUCATIONAL BACKGROUND	
Do you currently attend a secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of Secondary School:	
If no, name of last full-time Secondary School attended:	
Location of Last Secondary School Attended:	
Year of Attendance for Last Secondary School Attended:	

SPECIAL EDUCATION ASSISTANCE			
Student previously received Special Education assistance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Student has been identified through the IPRC process (Identification Placement and Review Committee):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student has an IEP (Individual Education Plan):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ACKNOWLEDGEMENT
<p>Personal information collected on this form will be used to establish the Ontario Student Record (OSR), support the provision of educational services and to administer health and first aid services and/or medical emergency response to students as required. Information is collected under the authority of the s.170, s.190, s.264, and/or s.265 of the <i>Education Act</i> and <i>Sabrina's Law</i> in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Please refer to the Student Information Practices statement available on the Simcoe County District School Board website for further information at www.scdsb.on.ca. Questions regarding information collected on this form should be directed to the school principal.</p>

MEDIA RELEASE			
<p>We need your permission to share good news stories about our school that may include you. From time to time, school and class activities, like projects, achievements, plays, sports and presentations are covered by local media, and may be shared by board and school staff on social media. We are seeking your permission for the following:</p> <ul style="list-style-type: none"> - To post identifiable photographs and/or recordings of you, the student, on school and board websites, newsletters and social media sites (including Twitter, Facebook, Instagram, YouTube and our blog www.sharingsimcoe.com). - To allow the media to photograph, interview or record (video and audio) you, the student, as part of a good news story about the school or board. The story may include identifiable images. <p>I give permission for my photograph and/or recordings to be used as outlined above.</p>			
Parent/Guardian or Adult Student:			
	Please Print	Signature	Date

2021 - 2022 Semester 1 Course Selections

Student Legal Name: _____
Last Name First Name Middle Name

OEN: _____ Mature Student Flag: Yes No

DAY SCHOOL Term 1 (Sept 13, 2021 to Nov 15, 2021) PRISM:

Course: _____ Period 1 (9:10am - 11:40am) E-Learn

Change to: _____ Date: _____ Initials _____

Course: _____ Period 2 (12:10 to 2:40pm) E-Learn

Change to: _____ Date: _____ Initials _____

DAY SCHOOL Term 2 (Nov 16, 2021 to Jan 28, 2022) PRISM:

Course: _____ Period 1 (9:10am - 11:40am) E-Learn

Change to: _____ Date: _____ Initials _____

Course: _____ Period 2 (12:10 to 2:40pm) E-Learn

Change to: _____ Date: _____ Initials _____

ADULT CO-OP Continuous Intake

Course: _____ F/T or P/T Course: _____ F/T or P/T

Start Date: _____ Start Date: _____

NIGHT SCHOOL Semester 1 Tues/Thurs - Sept 14, 2021 to Jan 18, 2022 PRISM:

6pm to 9pm each evening

Course: _____

CORRESPONDENCE OR CONTINUOUS INTAKE PRISM:

Course: _____

Marker: _____

Date: _____
(6 months to complete)

CORRESPONDENCE OR CONTINUOUS INTAKE PRISM:

Course: _____

Marker: _____

Date: _____
(6 months to complete)

Payment: Cash Debit Visa Master Card \$56.50 per course Waived

LES - Literacy & Essential Skills - Day - 9:15 - 1:20pm Mon-Fri Night - 6 - 9pm Tues/Thurs

MATH ENGLISH COMPUTERS CONT Intake _____

Start Date: _____ Instructor: _____

Identification: Document Type: _____

Grad: Yes No Order OSR: Yes No

Course Approved by:

Principal/Vice Principal/Coordinator