

MUSKOKA STUDENT REGISTRATION FORM 2007-2008

GRADE: _____

HOMEROOM: _____

STUDENT #: _____



SCHOOL: _____

DATE OF REGISTRATION: _____

DATE OF ADMISSION: _____

Admit		Address Information			
Legal Last Name	*	Street	*	Apt#	
Legal First Name	*	Complex		Lot	Concession
Usual Last Name	*	City	*		
Usual First Name	*	Province	*	Postal Code	*
Middle Name	*	Mailing Address (if different than above)	*		
Gender	* <input type="checkbox"/> Male <input type="checkbox"/> Female	Previous School Board	*		
Birth Date	* / / <small>day month year</small>	Previous School	*		
Age	*	Previous School Address			
Home Phone	*	Previous School Phone			
Proof of Age	<input type="checkbox"/> Birth Certificate	Previous School Fax			
	<input type="checkbox"/> Other _____	Previous School Province			

OFFICE USE ONLY	Proof of Legal Name Verified by: _____	Previously Attended a School in TLDSB? <input type="checkbox"/> Yes <input type="checkbox"/> No
OEN # _____	OST or Credit Counselling Summary Received (Secondary)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus # _____	Stop # _____	am pick-up time _____
OSSLT Completed <input type="checkbox"/> Reading <input type="checkbox"/> Writing		Immunization Record Received? <input type="checkbox"/> Yes

OFFICE USE ONLY – R.E.A.L. Checklist		
<input type="checkbox"/> I.S.R.	<input type="checkbox"/> Credit Recovery	<input type="checkbox"/> Request OSR <input type="checkbox"/> OSR Here
<input type="checkbox"/> Full-time Co-op	<input type="checkbox"/> PLAR	<input type="checkbox"/> Entered into eSIS
<input type="checkbox"/> Credit Continuation	<input type="checkbox"/> Ontario Works Worker: _____	<input type="checkbox"/> Fee Paid - <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Heard about program from: <input type="checkbox"/> Employer <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> REAL(former student) <input type="checkbox"/> REAL tracked <input type="checkbox"/> Sign <input type="checkbox"/> Website		
<input type="checkbox"/> Other _____		
Reason for leaving high school: _____		
REAL Courses: _____		

Medical/Health Information		
Doctor's Name	Phone	Health Card Number
*	*	*
Allergies and Health Conditions		Life Threatening?
*		*

Siblings

Sibling's Name	Relationship	Age	Gender	School

Student Immigration Related Information

Country of Birth		Citizen of Immigration Status		Visa	
City of Birth			Date of Entry	Workpermit	
Province of Birth		Language at Home		Expiration	
First Language		Tuition Type			
Tuition Paid By					

Parent/Guardian Information

Lives on own: *	<input type="checkbox"/>	Lives With: (ie: Mother, Uncle, Friend)			
Last Name *			Place of Employment *		
First Name *			Business Phone *	Extension *	

* Living with Student Emergency Contact Available at Work Willing to Volunteer

Address (if different than student's) *					
Home Phone *	Cell Phone *	Other _____			

Emergency Contact Information

Please list an emergency contact if different from above:		Relationship to Student *			
Last Name *			Place of Employment *		
First Name *			Business Phone *	Extension *	
Home Phone *	Cell Phone *	Other _____			

Special Education

Have you had assessments in:	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech	<input type="checkbox"/> Psychological Services
Have you been formally identified as exceptional by an Identification, Placement and Review Committee?				
Do you have an Individual Education Plan (IEP)?		Subjects:		

Regarding our/my child's artwork, schoolwork, and photograph being displayed in the school building (other than child's classroom), school publications, board publications, articles in the local media, and any film/media of our/my child displayed in schools or on school/ board website. I/We also understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization if deemed necessary.

* WE/I GIVE CONSENT WE/I DO NOT GIVE CONSENT

I certify the above information is correct. I am aware that this information is collected under the authority of the Education Act and will be used for administrative purposes and kept in the Ontario Student record folder. We/I acknowledge that the school accepts no liability for thefts which occur on the school premises.

* _____
Signature of Parent/Guardian or Student _____
Date of Signing