

HWDSB-CCE SCHOOL REGISTRATION FORM INTERNATIONAL LANGUAGES ELEMENTARY SEPTEMBER 9, 2017 TO JUNE 16, 2018

PART A: STUDENT INFORMATION

Legal Last Name:		Legal First Name:		Middle Name	D.O.B. MM/DD/YYYY
Male <input type="checkbox"/>	Telephone (Home)		Student Number (PowerSchool)		Enrollment Start Date
Female <input type="checkbox"/>					
Province of Birth	Ontario Entry Date (MM/DD/YYYY)		First Language Spoken		Language at Home
Street Address			Apt #	City/Town	Postal Code
OEN #:					This number can be found on the top of your school report card or from the homeschool the student attends
Present School if NOT IN HWDSB complete reverse side of this form		Grade in September 2017		email address	
Parent/Guardian Last Name		Parent/Guardian First Name		Phone Number (Cell)	

PART B: EMERGENCY CONTACT

Last Name		First Name		Relationship
Home Phone		Cell Phone		Emergency Contact Authorized to pick up student? Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Conditions Epi Pen <input type="checkbox"/> Life Threatening <input type="checkbox"/>		Does the student suffer from allergies or other medical concerns? Explain		

PART C: PROGRAM INFORMATION

Please refer to the International Language Schedule for location and language.

Location: _____	Language: _____
Day of week: _____	Current Instructor: _____

ATTENDANCE: Inform the teacher each day for absences. Please remember, parents are responsible for the timely arrival and departure of their child(ren) each day.

BEHAVIOUR: Students enrolled in International Languages Programs must make every effort to complete both in class work and homework assigned to them. Any lost time and/or assignments must be reconciled with their classroom instructor. Students must be respectful of their instructor, fellow classmates and all other support staff on site at designated schools. Parents will be contacted by the instructor and/or Principal should there be any concerns. Students may be asked to leave the program if there are any concerns. Adherence by all Parties to the HWDSB Code of Conduct is required. See www.hwdsb.on.ca/cce/international-languages for additional program details.

PHOTOGRAPHS: I understand and give consent that any photographs taken at the International Languages Program may be used for promotions.

I understand the program information outlined above and give permission for my child to attend:

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

Office Use Only

Fee Paid: \$10.00

Date received

Staff collected (please print name)

Instructor Assigned

Pupil Eligibility Attestation Form

(must be completed for all students who don't attend an HWDSB Day School – bring your proof of address and proof of eligibility to registration)

Pupil's Legal Names

Surname _____ First Name _____ Middle Name _____

Birth Date (Year, Month, Day): _____ Pupil's Country of Birth: _____

Date of First Entry to Canada (Year, Month, Day): _____ Gender: Male Female

Type of Citizenship and Immigration Canada Documentation Examined to Verify Eligibility

Type	Details	Expiry Date (if applicable)	Examined to Verify Eligibility
Canadian Birth Certificate			<input type="checkbox"/>
Canadian Citizen	Date Pupil became a Citizen:	N/A	<input type="checkbox"/>
Confirmation of Permanent Residence	Date Pupil became a Permanent Resident:		<input type="checkbox"/>
Permanent Residence Card	Date (see back of card):		<input type="checkbox"/>
Pending Permanent Residence Card	Date Stamped:	N/A	<input type="checkbox"/>
Study Permit	Date signed:		<input type="checkbox"/>
Visitor Record	Date signed:		<input type="checkbox"/>
Consideration of Eligibility (Convention Refugee)	Date stamped:		<input type="checkbox"/>
Passport	Date Stamped:		<input type="checkbox"/>
Other (please specify)	Date signed/stamped:		<input type="checkbox"/>

I certify that the information contained on this form is accurate and that I have examined the applicable documentation as indicated.

Parent or Guardian

Name (please print):	
Signature:	
Date:	

School Board or School Official

Name (please print):	
Signature:	
Date:	