

Get Ready Program Registration Form

Current Elementary School:		Current School Board:	
Secondary School (Grade 9):			
STUDENT ID#:		STUDENT OEN#:	
Surname:	First Name:	Date of Birth:	
Address:		Apt./Unit #	
City:	Postal Code:		
Home Phone #:	Cell #		
Parent/ Guardian Name:			
Parent/Guardian Signature:			
Current Elementary School Principal Signature:			
To be completed for all students			
Check all boxes that apply to your Grade 8 enrolment:			
<input type="checkbox"/>	Private School		
<input type="checkbox"/>	Home Schooled		
<input type="checkbox"/>	International Fee Paying Student **** (Please see below)		
<input type="checkbox"/>	Other, please specify		
<input type="checkbox"/>	None Applicable		
**** International Visa Students are required to pay a fee of \$150.00 for this program.			
Payment Information: Cost: \$150.00 per student - HST included			
At time of registration, parents please complete payment information. Schools to mail registration form with completed payment information to Adult and Continuing Education Department. Payment will be processed and receipt mailed back to the school as confirmation of registration.			
Payment - Visa or MasterCard Accepted			
Card #:		Expiry Date:	
Total Amount: \$			
Name on the Card:			
Cardholder's Signature:		Date:	
<small>Personal information collected shall be used for the provision of educational services and/or to administer health and emergency responses as required. If required to support the student's needs, personal information, including OSR information may be requested from or shared with their current school. Information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); Sabrina's Law, 2005, S.O. 2005, c. 7 and Ryan's Law (Ensuring Asthma Friendly Schools), 2015, S.O. 2015, C. 3 in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Any questions regarding information collected, may be directed to the school principal or to the Records Management and Access & Privacy Administrator, 40 Matheson Blvd West, Mississauga, ON L5R 1C5 (905) 890-1221 ext. 24443</small>			Date:
Secondary School Principal Signature (Secondary School Principal signature required for all non DPCDSB students and International Fee Paying students.)			