



IL Site:					Language:				
STUDENT ID#:					STUDENT OEN#:				
Legal Names: (Students are registered by their legal name which will be used on legal documents. The student's preferred name will be used at school)									
Surname:			First Name:			Middle Name:			
Preferred Names: <input type="checkbox"/> Same as Legal Names, or									
Surname:			First Name:			Middle Name:			
Address:								Apt./Unit #	
City:			Postal Code:			Phone:			
Parent/Guardian Email:									
Does this student identify as:		<input type="radio"/> Female		<input type="radio"/> Male		Birthdate:			
						Y		M	
						Y		D	
Current Elementary School:					Grade (as of September 2021):				
Special Education:									
Does student have special education/diverse learning need?			Does student have specialized equipment?			SEA			
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No			
Does this student have an Individual Education Plan (IEP)?					If yes, please provide a copy.				
<input type="radio"/> Yes <input type="radio"/> No									
Has this student been identified as an exceptional student, through the Identification Placement Review Committee (IPRC)?								<input type="radio"/> Yes <input type="radio"/> No	
Medical Condition(s)/Alert:									
Anaphylactic Concerns:		<input type="radio"/> Yes <input type="radio"/> No		If yes, please specify Allergy:					
Epinephrine Auto-Injector:		<input type="radio"/> Yes <input type="radio"/> No		(Please attach applicable forms):					
Contact Information									
For Communication purposes, please indicate priority contact – Circle 1 or 2									
Name of Parent/Guardian # 1					Name of Parent/Guardian # 2				
Mr.		Mrs.		Ms.		Surname:		First Name:	
Relationship to Student:			Primary Phone #			Secondary Phone #			
For Communication purposes, please indicate priority contact – Circle 1 or 2									
Name of Parent/Guardian # 1					Name of Parent/Guardian # 2				
Mr.		Mrs.		Ms.		Surname:		First Name:	
Relationship to Student:			Primary Phone #			Secondary Phone #			
Emergency Contact:									
Mr. / Mrs. / Ms.		First Name			Last Name			Relationship to Student	
Address:							Home Phone:		
Business Phone:					Cell Phone:				
Custody Information: Who has legal custody?		<input type="radio"/> Both Parents		<input type="radio"/> Father Only		<input type="radio"/> Mother Only		<input type="radio"/> Other:	
Are there any special arrangements pertaining to access/visitation?					If yes, then the most recent original Court Order to support custody must be provided (a verified copy to be attached to the registration form)				
<input type="radio"/> Yes <input type="radio"/> No									
Indigenous Student (Voluntary Self-Identification): For the purposes of supporting First Nation, Metis and Inuit student achievement objectives of Dufferin Peel and the Ministry of Education and of reporting student's achievement to the Ministry of Education and the Education Quality and Accountability Office, I/We choose to voluntarily self-identify my/child's ancestry as:								<input type="radio"/> First Nation	
								<input type="radio"/> Inuit	
								<input type="radio"/> Metis	
ATTENDANCE FOR ELEMENTARY INTERNATIONAL LANGUAGE PROGRAM					Code of Conduct				
Regular attendance is crucial for success in all International Language programs. Attendance and punctuality are compulsory. Students may be demitted following a contravention of the Catholic Code of Conduct.					The Dufferin-Peel Catholic District School Board, Adult and Continuing Education Department will strive to create a Catholic learning community in which students are able to develop their spiritual, intellectual, physical and social potential. Dufferin-Peel Catholic District School Board, mandated by the Ministry of Education Safe Schools policy, has established The Catholic Code of Conduct, which outlines the rights and responsibilities of students attending programs in Dufferin-Peel. Detailed information regarding the Catholic Code of Conduct is available at http://www.dpcdsb.org				
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									
Student and Parent Responsibility									
By signing this registration form, both student & parent/guardian understand and accept all of the terms and requirements for the Adult and Continuing Education Elementary International Language Program.									
Parent/Guardian Signature (for students under 18 years of age)								Date:	
CONSUMABLE MATERIALS FEE: \$30.00 IS NON-REFUNDABLE <i>May include workbook, printing costs, arts and crafts supplies, etc.</i> NOTE: PREFERRED METHOD OF PAYMENT IS SCHOOLCASH ONLINE, VISA/MASTERCARD -CHARGES WILL APPEAR AS ADULT & CONTINUING EDUCATION									
Name on VISA/MASTERCARD:					Credit Card Expiry #:				
VISA/MASTERCARD #					Email Address:				
Signature of Cardholder:									