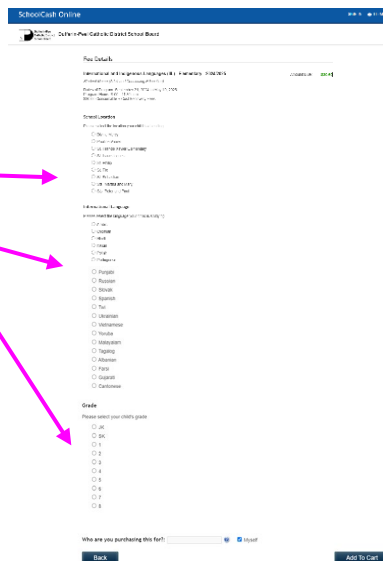




International and Indigenous Languages – SchoolCash Online

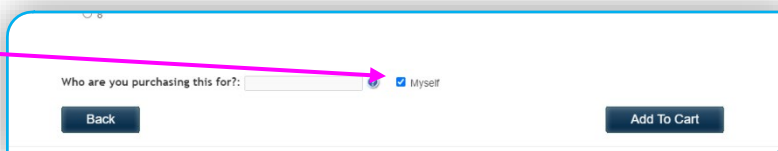
Go to: <https://dpcdsb.schoolcashionline.com/Fee/Details/186256/146/False/True>

The following screen will appear

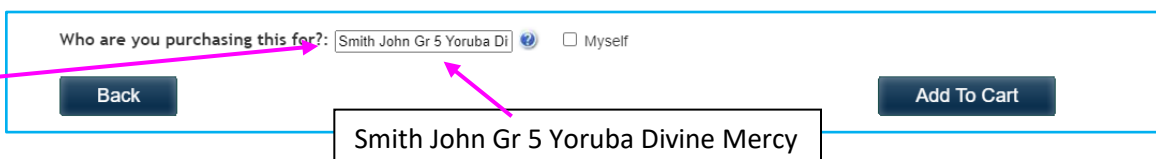


1. Select Location, International Language, Grade

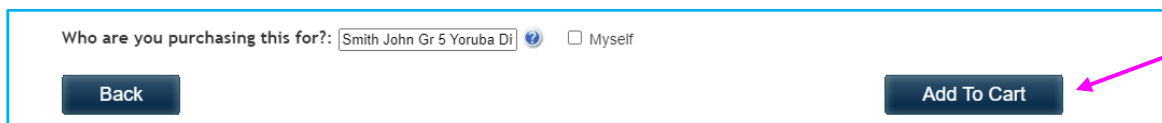
2. Unclick the Myself box



3. Enter in the Student's Last Name, Student's First Name, Grade Level, Language and Location

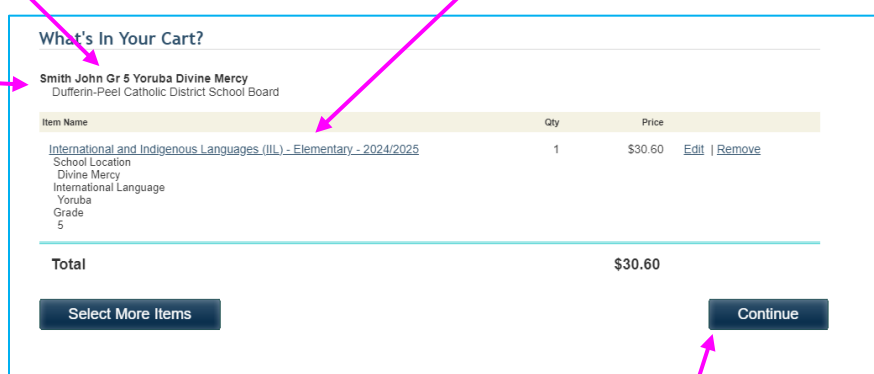


4. Add the item to the cart



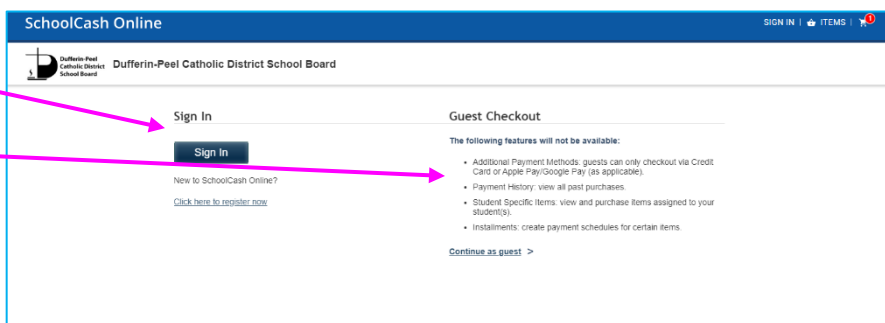
5. Review your cart. Make sure the Student's Last Name, First Name, Grade, Language and Location are correct.

Smith John Gr 5 Yoruba Divine Mercy



Click Continue

6. You can create an account, sign in (already have an account) OR Guest Checkout



**Note:** Once payment is completed enter your School Cash Online Receipt/Confirmation # on the top of the next page. Repeat the steps above for each student registered in the International and Indigenous Language Program.

Complete one registration form per student

<b>Payment Information: CONSUMABLE MATERIALS FEE: IS NON-REFUNDABLE</b> May include workbook, printing costs, arts and crafts supplies, etc.											
School Cash Online Receipt/Confirmation #				\$30.00 per student - International and Indigenous Language Consumable Materials Fee							
				\$130.00 (St. Pio Only) per student - International and Indigenous Language + Arts & Culture Consumable Materials Fee							
IIL Site:						Language:					
What grade will your child be going into in September 2024?		JK	K	1	2	3	4	5	6	7	8
Current Elementary Day School:						Current School Board:					
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)											
Last Name:				First Name:				Middle Name:			
Preferred Names: <input type="checkbox"/> Same as Legal Names, or											
Last Name:				First Name:				Middle Name:			
Address:										Apt./Unit #	
City:				Postal Code:				Phone:			
Parent/Guardian Email:						Student's First Language:					
What gender does this student identify as:		Female	Male	Non-Disclosed	Self-Identified	Birthdate:		Month	Day	Year	
<b>Special Education:</b>											
Does student have special education/diverse learning need?		Yes	No	Does student have specialized equipment?		Yes	No	SEA	Yes	No	
Does this student have an Individual Education Plan (IEP)?		Yes	No	If yes, please provide a copy							
Has this student been identified as an exceptional student, through the Identification Placement Review Committee (IPRC)?								Yes	No		
Medical Condition(s)/Alert:								Asthma Puffer:		Yes	No
Anaphylactic Concerns:		Yes	No	If yes, please specify Allergy:				Epinephrine Auto-Injector:		Yes	No
<b>Contact Information</b>											
For Communication purposes, please indicate priority contact – Circle 1 or 2											
Name of Parent/Guardian # 1		Last Name:				First Name:					
Relationship to Student:				Primary Phone #				Secondary Phone #			
For Communication purposes, please indicate priority contact – Circle 1 or 2											
Name of Parent/Guardian #2		Last Name:				First Name:					
Relationship to Student:				Primary Phone #				Secondary Phone #			
<b>Emergency Contact:</b>											
Last Name:				First Name:				Relationship to Student:			
Address:								Home Phone:			
Business Phone:						Cell Phone:					
<b>Custody Information:</b>		Both Parents	Father Only	Mother Only	Other:						
Are there any special arrangements pertaining to access/visitation?		Yes	No	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)							
<b>Indigenous Student (Voluntary Self-Identification):</b> for the purposes of supporting First Nation, Inuit and Métis student achievement objectives of Dufferin Peel and the Ministry of Education and to receive and benefit from culturally supportive programming, I/We choose to voluntarily self-identify my/child's ancestry as:								First Nation	Inuit	Métis	
<b>Attendance for International &amp; Indigenous Language Program</b> Regular attendance is crucial for success in all International & Indigenous Language programs. Attendance and punctuality are compulsory. Students may be demitted following a contravention of the Catholic Code of Conduct.						<b>Code of Conduct</b> 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 <a href="http://www.dpccsb.org">http://www.dpccsb.org</a>					
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 <i>Education Act</i> , R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); <i>Sabrina's Law</i> , 2005, S.O. 2005, c. 7 and <i>Ryan's Law (Ensuring Asthma Friendly Schools)</i> , 2015, S.O. 2015, C. 3 in accordance with the <i>Municipal Freedom of Information and Protection of Privacy Act</i> . 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											
<b>Student and Parent Responsibility</b> By signing this registration form, both student & parent/guardian understand and accept all the terms and requirements for the Adult and Continuing Education International & Indigenous Language Elementary Program.											
Parent/Guardian Signature (for students under 18 years of age)								Date:			

Return your completed registration form to [il@dpccsb.org](mailto:il@dpccsb.org)

<b>Adult and Continuing Education Use Only:</b>											
PS	SP	SCL	FILE	Language/Section:							