

TECUMSEH VISTA ACADEMY SS STUDENT REGISTRATION FORM

Date: _____

STUDENT INFORMATION

LEGAL Last Name: _____ LEGAL Given Name(s): _____ Sex: M ___ F ___

COMMON Last Name: _____ COMMON Given Name(s): _____ Grade: _____

Apt. / House / Street: _____ / _____

City: _____ Postal Code: _____

Home Phone: () _____ Unlisted: Yes No o phone

Guardian Name if different from Parents _____

Birth Date : _____ Is Parent last name different than student's: Yes No **DEMOGRAPHIC INFORMATION:****Custody:**

- C.A.S.
- Exclusive / Self
- Father
- Grandparent(s)
- Guardian
- Joint
- Mother
- Sibling

Lives With:

- Exclusive / Self
- Father
- Father & Step Mother
- Guardian
- Joint
- Mother
- Mother & Step Father
- Other
- Shared (Alternate basis)
- Step Parent

PREVIOUS SCHOOL INFORMATION

Name of Current School: _____

Have you ever attended a school with this board Yes No

If yes which school: _____

What school did you attend in Grade 8: _____

Activity Fees: \$ _____ Paid Owing**FATHER:****Office Use:** Home 2nd Report Trans In

Name: Mr / Mrs / Ms / Mr & Mrs _____

Address if Different from students _____

City / Prov / Postal Code: _____

Home Phone () _____ Cell _____ Pager _____

Employer Name: _____ Employer Number: () _____

MOTHER:**Office Use:** Home 2nd Report Trans In

Name: Mr / Mrs / Ms / Mr & Mrs _____

Address if Different from students _____

City / Prov / Postal Code: _____

Home Phone () _____ Cell _____ Pager _____

Employer Name: _____ Employer Number: () _____

EMERGENCY CONTACT 1.**Office Use:** Home 2nd Report Trans In

Name: Mr / Mrs / Ms / Mr & Mrs _____

Home Phone () _____ Cell _____ Pager _____

Employer Name: _____ Employer Number: () _____

Relationship to Student: _____

EMERGENCY CONTACT 2.*Office Use:* Home 2nd Report Trans In

Name: Mr / Mrs / Ms / Mr & Mrs _____

Home Phone () _____

Cell _____

Pager _____

Employer Name: _____

Employer Number: () _____

Relationship to Student: _____

MEDICAL INFORMATION:

Health Card Number: _____

Medical condition: (ie: asthma; requires puffer): _____

Is the student presently taking medication? Is yes, explain: _____

Parent /Guardian Signature:**ONTARIO INFORMATION (Required by Ministry) SECONDARY SCHOOL TO FILL OUT:**

Status in Canada:

- 1. Canadian Citizen
- 2. Native Ancestry
- 3. Permanent Resident or Landed Immigrant
- 4. Student Visa
- 5. In Canada on the authority of another country
- 6. None of the above and attending an international school
- 7. Refugee Status
- 8. Other

Board Status:

- B Pupil of the Board
- G Government of Canada
- I Independent Study
- N Native Student
- O Other Student
- V Student on Visa

Authority expiration date: (Immigration) (YYYY/MM/DD): _____ / _____ Source Document: Birth Certificate (1) _____

Country of Citizenship other than Canada (800): _____ Entry to Canada YYYYMM: _____

First Language other than English (01): _____ Instruction Language: E - English _____ F - French _____

Language of Correspondence: 1 - English 2 - French _____

GUIDANCE OFFICE ONLY - DO NOT COMPLETE THIS SECTION

Student Number: _____ Home School: _____

OEN Number: _____ Teacher Advisor: _____

Admission Date (YYYY/MM/DD): ____ / ____ / ____ Sec Sch Admit (YYYY/MM/DD) ____ / ____ / ____

Program Code: _____ Adaptive or Modified Program / AB _____

Previous School (Code): _____ Grade 8 School (Code): _____

Must provide copy of Birth Certificate or Immigration Paperwork.