Student Application- *Secondary*

School Name: _____

(*OFFICE USE ONLY*)

Trillium Student No:_____ Ontario Education No. : _____

Admit Date: _____/_____/___ (Y Y Y Y / MTH. / D D) Grade: _____ Track: _____ Homeroom: _____ Program: _____

Admit Code: ☐ Beginner ☐ From This Board ☐ From Other School Board
☐ From Care/Treat/Corr Facility ☐ From Outside Canada ☐ From Province Outside of Ontario
☐ From Private School in Ontario ☐ From Native Ed. Auth. School
☐ Returning from Exchange ☐ Returning after non-attendance

☐ Transcript Attached ☐ Most Recent Report Card Adult: Yes ☐ No ☐ **Verified by:** _____

STUDENT INFORMATION

Legal Last Name	**Legal First Name**	**Legal Middle Name**

Note: Legal Name must be shown on legal document (i.e. birth certificate, passport, etc.) and will appear on all school Official Records.

Preferred Last Name (If different from Legal Name)	**Preferred First Name** (If different from Legal Name)	Female ☐ Male ☐	**Date of Birth** __ __ __ __/ _____/ __ __ (Y Y Y Y / MTH. / D D)	**Sibling(s):** Does the student have any brother(s) or sister(s) in school? Yes ☐ No ☐

Home Address: _____
Street No. and Name Apt. #

_____
City Postal Code

Home Phone Number: (____) _____ Listed : Yes ☐ No ☐

Other Phone Number: (____) _____ Type: _____

Proof of Residency Verification Document Shown:
1) _____ 2) _____

Does the student have Life-threatening allergies (e.g. Anaphylaxis): Yes ☐ No ☐ **Is Epi- Pen Required? Yes** ☐ **No** ☐

Medical Alert Information or Disability: _____

Health Card or Private Insurance Policy Number __ __ __ __ __ __ __ __ __ __ __ __ (Optional)

Office Use Only
Proof of Immunization Record Shown
Yes ☐ No ☐

Program:
Previous School Attended: _____
Previous School Board: _____
Has the student completed the Literacy Test? Yes ☐ No ☐
Has the student completed community Service Hours? Yes ☐ No ☐

Has student previously received Special Education support? Yes ☐ No ☐
Type of Program (if known): _____

***Office Use Only* - For Funding Purposes**
Fees Required If: (Approved by TDSB Admissions Office)

Student/Parent is on Study Permit ☐
Student/Parent is a Visitor to Canada ☐
Fees paid by the Government of Canada ☐
Fees are paid by a Native Education Authority ☐

If uncertain, please consult or refer parent/guardian to the TDSB Admissions Office at 5050 Yonge St. Main Floor
(416) 395-8109/9618

English as Second Language Funding Purposes

If student **is not** born in Canada, indicate Country _____

Arrival Date in Canada __ __ __ __/ _____/ __ __ (Y Y Y Y / MTH. / D D)

Verification Document shown: _____

If student is born in Canada indicate Province: _____

Language

First Language of Student : _____

Second Language Spoken at Home:

_____

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CONTACT INFORMATION

Primary Contacts – (Mother/Father/Legal Guardian)

Parent/Legal Guardian

Mr./Mrs./Ms.(Please circle one)

Name: _____
Last Name First Name

Relationship to Student:
(Please check one) Mother ☐ Father ☐ Legal Guardian ☐

Home Phone Number: (____) _____ ☐
Area Code Listed

Business Phone Number: (____) _____ ___
Area Code Ext.

Cell Phone Number: (____) _____
Area Code

E– Mail Address: _____

Address: _____
(If parent/guardian doesn't live with student)

Access to Student: Yes ☐ No ☐

In Emergency, contact this person: 1st ☐ 2nd ☐ 3rd ☐

For Early Closure, contact this person: 1st ☐ 2nd ☐ 3rd ☐

Guardian ☐ Receives Mail ☐
Custody ☐ Access to Records ☐
Lives with Student ☐ Speaks English ☐

Parent/Legal Guardian

Mr./Mrs./Ms.(Please circle one)

Name: _____
Last Name First Name

Relationship to Student:
(Please check one) Mother ☐ Father ☐ Legal Guardian ☐

Home Phone Number: (____) _____ ☐
Area Code Listed

Business Phone Number: (____) _____ ___
Area Code Ext.

Cell Phone Number: (____) _____
Area Code

E– Mail Address: _____

Address: _____
(If parent/guardian doesn't live with student)

Access to Student: Yes ☐ No ☐

In Emergency, contact this person: 1st ☐ 2nd ☐ 3rd ☐

For Early Closure, contact this person: 1st ☐ 2nd ☐ 3rd ☐

Guardian ☐ Receives Mail ☐
Custody ☐ Access to Records ☐
Lives with Student ☐ Speaks English ☐

Emergency Contact

Male ☐ Female ☐

Name: _____
Last Name First Name

Home Phone Number: (____) _____ ☐
Area Code Listed

Business Phone Number: (____) _____ ___
Area Code Ext.

Cell Phone Number: (____) _____
Area Code

Relationship to Student _____

Other Contact

Male ☐ Female ☐

Name: _____
Last Name First Name

Home Phone Number: (____) _____ ☐
Area Code Listed

Other Phone Number: ( ) _____
Area Code

Relationship to Student _____

Is this student **currently** under **suspension** from any School or Board? Yes ☐ No ☐
Is this student **currently** under **expulsion** from any School or Board? Yes ☐ No ☐

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

_____
Signature of Parent/Legal Guardian

Date:_ _ _ _/_____/_ _
Y Y Y Y MTH. D D

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions about this collection should be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8. Tel: (416)397-3288.

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