



Toronto Catholic District School Board

Student Application Form

Student Information							Application Received
Surname		First Name		Middle Name			Interview (Date and Time)
Legal Name:							
Preferred First Name:							<input type="checkbox"/> Completed
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date: _____		<input type="checkbox"/> Entering elementary school for the first time			Decision <input type="checkbox"/> Accepted <input type="checkbox"/> Waitlisted <input type="checkbox"/> Not Accepted (Date and Time)
		YYYY MM DD					
Country of Birth:							
Primary Language Spoken Most Often at Home:							----- Reason
Ontario Education Number:							
Address:							
Number	Street Name	Unit	City	Province	Postal Code	Country	
Phone Number:							
		Area Code	Phone Number				Unlisted
Home (Primary) Contact Phone Number							<input type="checkbox"/>

School Information			
<p>This application form does not guarantee registration. Once the form has been completed please schedule a meeting with representatives of the School to finalize registration.</p> <p>Please note that the application is complete and a child is considered pre-registered when all the following steps have been satisfied:</p> <ul style="list-style-type: none"> ◦ The S.O.A.R. application is completed. ◦ A meeting between the parent/guardian and school has taken place. ◦ All original documentation has been provided to the school within a specified period of time. ◦ The school has confirmed pre-registration within the S.O.A.R. application. ◦ The school has contacted the parent/guardian and informed them that the pre-registration process is complete. 			
Proposed Date to attend: _____		Grade: _____	
Program: (Check All That Apply) <input type="checkbox"/> Regular <input type="checkbox"/> Eastern Rite <input type="checkbox"/> French Immersion <input type="checkbox"/> Extended French			
Siblings under the age of 4 as of December 31, 2015 <input type="checkbox"/>			
Surname	First Name	Birth Date	Gender



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Community School (Regular Program)

School:

Please list siblings currently attending junior kindergarten to grade 7 at the registered school.

Surname	First Name	Birth Date	Gender

You are making an Out-of-Boundary request because of proximity to child care I have for September

Out-of-Boundary (Regular Program)

School:

The student will be placed on a wait list for the School. You will be contacted only if there is availability (available space).

Please list siblings currently attending junior kindergarten to grade 7 at the registered school.

Surname	First Name	Birth Date	Gender

You are making an Out-of-Boundary request because of proximity to child care I have for September

The child is care licensed.

Explain the reason for requesting an Out-of-Boundary school.
(Please complete the reason for requesting an Out-of-Boundary school in English.)



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Regional French Immersion Program

School:

Please list siblings currently attending junior kindergarten to grade 7 at the registered school.

Surname	First Name	Birth Date	Gender

You are making an Out-of-Boundary request because of proximity to child care I have for September

The child is care licensed.

Explain the reason for requesting an Out-of-Boundary school.
(Please complete the reason for requesting an Out-of-Boundary school in English.)

Regional Extended French Program

School:

Please list siblings currently attending junior kindergarten to grade 7 at the registered school.

Surname	First Name	Birth Date	Gender

You are making an Out-of-Boundary request because of proximity to child care I have for September

The child is care licensed.

Explain the reason for requesting an Out-of-Boundary school.
(Please complete the reason for requesting an Out-of-Boundary school in English.)



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Religion Verification

Please check all that apply:

Student:

- Baptized Catholic (includes all churches in communion with the Holy See)
- Registered or completed Rite of Christian Initiation of Children (RCIC)
- Baptismal Certificate

Date of Baptism

Name of Parish

City or Country

Parent:

- Either parent/guardian are baptized Catholic (includes all churches in communion with the Holy See)
- Does the catholic custodial parent/guardian live in the City of Toronto?
- The custodial parent/guardian residing in the City of Toronto have a Baptismal Certificate



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Parents Contact Information				
Surname	First Name	Gender:	Relationship to Student	Order of Contact in case of Emergency 1
Address: <input type="checkbox"/> Same Address as student				
Number	Street Name	Unit	City	Province Postal Code Country
Phone Number:				
Phone Type	Area Code	Phone Number	Ext.	Unlisted
Home (Primary) Contact Phone Number				□
Business Phone Number				□
Mobile Phone Number				□
				□
eMail				
Primary				
Secondary				
Please check all that apply :				
Student Access				
Guardian				□
Legal Custody				□
If legal custody is not checked Restricted by court order to access the student records				□
Resides with the Student:				□
Parent/Guardian Catholicity				
Roman Catholic (includes all churches in communion with the Holy See)				□
Request communications from the school				□



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Student Application Form

Parents Contact Information

Surname	First Name	Gender:	Relationship to Student	Order of Contact in case of Emergency <b style="text-align: center;">2
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Address: Same Address as student

Number	Street Name	Unit	City	Province	Postal Code	Country
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Phone Number:

Phone Type	Area Code	Phone Number	Ext.	Unlisted
Home (Primary) Contact Phone Number				<input type="checkbox"/>
Business Phone Number				<input type="checkbox"/>
Mobile Phone Number				<input type="checkbox"/>
				<input type="checkbox"/>

eMail

Primary
Secondary

Please check all that apply :

Student Access

Guardian

Legal Custody

If legal custody is not checked Restricted by court order to access the student records

Resides with the Student:

Parent/Guardian Catholicity

Roman Catholic (includes all churches in communion with the Holy See)

Request communications from the school



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Student Application Form

Emergency Contact Information

Surname First Name Gender: Relationship to Student Order of Contact in case of Emergency

3

Address: Same Address as student

Number Street Name Unit City Province Postal Code Country

Phone Number:

Phone Type	Area Code	Phone Number	Ext.	Unlisted
Home (Primary) Contact Phone Number				<input type="checkbox"/>
Business Phone Number				<input type="checkbox"/>
Mobile Phone Number				<input type="checkbox"/>
				<input type="checkbox"/>

Has permission to pick-up your child from school

Pick-up on:

Monday Tuesday Wednesday Thursday Friday

Pickup Contact Information

Surname First Name Gender: Relationship to Student Order of Contact in case of Emergency

4

Address: Same Address as student

Number Street Name Unit City Province Postal Code Country

Phone Number:

Phone Type	Area Code	Phone Number	Ext.	Unlisted
Home (Primary) Contact Phone Number				<input type="checkbox"/>
Business Phone Number				<input type="checkbox"/>
Mobile Phone Number				<input type="checkbox"/>
				<input type="checkbox"/>

Has permission to pick-up your child from school

Pick-up on:

Monday Tuesday Wednesday Thursday Friday



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Medical Information

Medical Conditions:

Medical Diagnosis:

Please check all that apply.

- Has a potentially life-threatening medical condition that the school should be aware of
- Requires the administration of oral medication in an emergency
- Requires the administration of an injection in an emergency
- Requires the administration of other medication in an emergency

- Student has Record of Immunization

All students attending school in Ontario must be immunized against: Diphtheria, Tetanus, Polio, Measles, Mumps, Rubella (German measles) or have a valid exemption. Call the Immunization Information Line at 416-392-1250 (8:30am - 4:30pm) for further information.

If there is an outbreak at your child's school, children who are not adequately immunized will not be able to attend school until the outbreak is over or they have received the necessary vaccine.



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Special Education Needs For Students Attending School For The First Time

Complete this section if your child is entering school for the first time. Please indicate your child's needs or your concerns (e.g. medical, physical, emotional, social, behavioural, language).

Supporting documentation can be provided

Special Education Needs For Students Attending a Previous Elementary School

Complete this section if your child has attended school

Exceptionality classifications differ provincially and internationally, with some locations having no specific categories for exceptionalities. Please select all exceptionalities that apply to your child.

- | | | |
|--|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behavioural | <input type="checkbox"/> Blind and Low Vision |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Giftedness |
| <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mild Intellectual Disability |
| <input type="checkbox"/> Multiple Exceptionalities | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Speech Impairment |

Comment:

Supporting documentation can be provided



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Has your child been referred to an Identification, Placement, and Review Committee (IPRC)?

Date of Last Identification, Placement, and Review Committee (IPRC) Meeting: _____
YYYY MM DD

Does your child have an Individual Education Plan?

Does your child have Special Equipment Amount (SEA) computer/laptop equipment?

Does your child use assistive technology or assistive/adaptive devices/equipment in the classroom?

List assistive technology, adaptive devices and equipment used in the classroom.

Arrival in Canada

Identify the current immigration status of your child in Canada?

- Canadian Citizen Permanent Resident of Canada Other Circumstance
- Refugee Claimant Foreign International Student

Indicate when your child first arrived in Canada _____
YYYY MM DD

Identify the current immigration status of parent or guardian in Canada?

- as a Canadian Citizen as a Refugee Claimant as Diplomatic Personnel
- on a Work Permit as a Foreign/Visa Student as a Visitor to Canada
- as a Permanent Resident under visiting Forces Act Other Circumstance

Voluntary Aboriginal Self-Identification (Canadian Born Students Only)

- Métis Inuit First Nation (Status or Non Status)



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Previous School Information	
Province/Territory	
School Name	
Phone	
Fax	
Address	
Reason for Transfer	
Arrival Date	
<p>Under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 314 (1) (a) or (b) and 314(2) Clarification (1) and (2), if the Toronto Catholic District School Board assigns an expelled pupil to a school without knowing that he or she has been expelled by another board, the Toronto Catholic District School Board may subsequently remove the student from the school and assign him or her to a program for expelled pupils.</p> <p>Please Check All that Apply</p> <p>Has your child ever been expelled? <input type="checkbox"/> Type of Expulsion: School <input type="checkbox"/> Board <input type="checkbox"/></p> <p>Has your child ever been suspended from school? <input type="checkbox"/></p> <p>Has a change of school for your child occurred for a Safe Schools infraction? <input type="checkbox"/></p> <p>Has your child ever been transferred by the Board to another school for an incident or behaviour related to school safety? <input type="checkbox"/></p> <p>Parents are notified that, as part of their child's student application, the school principal may obtain student information from the child's previous school principal, including, but not exclusive to, that which is contained in the Ontario Student Record. This information is obtained and used only for the improvement of instruction and other education of the student in accordance with the Education Act, (R.S.O. 1990, s. 266(2)) and is collected, transmitted, retained and disposed of confidentially in accordance with the Municipal Freedom of information and Protection of Privacy Act (R.S.O. 1990 c. M. 56)</p> <p><input type="checkbox"/> *I understand the above process, and consent to the possible sharing of student information between principals as a condition of my child's student application process.</p>	
_____ Parent Signature	_____ Date



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Privacy

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Toronto Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58(5), 265, 266 as amended, and is collected, used and disclosed in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO 1990 M.56 (MFIPPA)). The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records.

The information will be used to register and place the student in a school, and for consistent purposes such as the allocation of staff and resources, to give information to employees to carry out their job duties, and to communicate with you about relevant TCDSB matters and matters related to the education of your child. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances or for law enforcement matters, in accordance with MFIPPA, or any other relevant Act. For questions about this collection, please speak to your area Superintendent.

I have read the Privacy Statement.

Parent Signature

Date



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Media Consent

STUDENT IDENTIFICATION CONSENT FORM

Under Ontario law, TCDSB is required to inform you about how your child’s personal information is used and disclosed, and to obtain your consent. In the course of your child’s school career, he or she will take part in a variety of school activities which could result in his or her identification.

Examples of these activities include, but are not limited to:

- Student work displayed throughout the school, TCDSB community, or shared publicly through science fairs, and art projects, the internet, etc.
- School events such as track and field, drama productions, awards assemblies, graduations/commencements, school anniversaries and school excursions.
- Classroom learning activities

During school activities your child may be identified and/or his or her name and/or image used in a variety of formats:

Examples include, but are not limited to:

- School year books, school and classroom newsletters, class photographs
- TCDSB promotional material, including posters, advertisements, TCDSB website or TCDSB-approved social media accounts
- Media stories--print or web-based for television, radio, Internet, newspaper/magazine
- Audio and video recording devices, including digitally-enhanced learning tools used for student instruction or teacher training.

I consent to my child being identified while participating in school activities and programs.

This consent is given voluntarily in accordance with the Municipal Freedom of Information and Protection of Privacy Act. I hereby acknowledge that I will have no claim against the Toronto Catholic District School Board under the Municipal Freedom of Information and Protection of Privacy Act, arising from information released in accordance with the types of situations noted above.

Student’s Name: _____

Current School: _____

Signature: _____

Date: _____

If you object to your child being identified, please contact the school directly. Please note that you may withdraw your consent at any time upon written notice to the school.



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Electronic Communication

The Toronto Catholic District School Board strives to be efficient and environmentally-conscious by communicating electronically whenever possible. On July 1, 2014, Canada's anti-spam legislation ("CASL") came into force which does not permit us to send any electronic message which is commercial in nature without your express consent.

These communications include invitations to purchase school photographs, spirit wear, yearbooks, pizza days, special events and field trips, etc., whether we email those messages directly or include them in electronic publications such as Board or school newsletters.

To consent to receiving commercial electronic messages from the Toronto Catholic District School Board, including your school and school council, please check here:

- No, I don't Agree
 Yes, I Agree

Your consent to receive these messages can be revoked at any time accessing the "unsubscribe" mechanism that will be included in all commercial electronic messages we send you.

Parent Signature

Date



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TORONTO CATHOLIC DISTRICT SCHOOL BOARD Kindergarten Program BEFORE AND AFTER SCHOOL PROGRAM OPTION

Dear Kindergarten Parents/Guardians,

The Toronto Catholic District School Board will facilitate a Before and After School Program at your child’s school if a sufficient number of families* choose to participate. At this time, we are surveying parents to determine interest.

The Before and After School Program is anticipated to:

- operate before school starts and after school ends until 6:00 p.m. (times to be determined locally)
- be available on the 188 instructional school days (approximate), with an option to sign up for P.A. Days, Christmas Break, March Break and Summer Break
- include a morning and an afternoon snack

Fees are estimated to be in the range of \$29.00 – \$38.00 per day for both before and after school programs.

A **before school only** fee is estimated to be approximately \$12.50 – \$15.50 per day.

An **after school only** fee is estimated to be approximately \$18.50 – \$22.50 per day.

Fees are subject to change.

Qualified, third party child care agencies will be contracted to operate the programs pending interest. Agencies will determine if feasible to offer before school only and after school only spaces.

Fee **subsidies** may be available for the Before and After School Program through the City of Toronto, Children’s Services.

Please visit: www.toronto.ca/children for more information or call 311 to apply for a fee subsidy. **Families who already have a fee subsidy in a child care program can transfer their fee subsidy to the new program.**

**In school communities where a sufficient number of parents wish to avail themselves of Before and After School Programs, the Toronto Catholic District School Board will attempt to facilitate these programs based upon a minimum of 20 registrants.*

Personal information on this form will be used to inform planning for 2016-2017 before and after school programming. This information will only be shared with child care providers if there is sufficient interest to consider opening a program.

- BOTH before and after school (fee in the range of \$29.00 – \$38.00 per day)
- Before school ONLY (fee approximately \$12.50 – \$15.50 per day)
- After school ONLY (fee approximately \$18.50 – \$22.50 per day)

I would also be interested in:

- P.A. days, Christmas Break, March Break OR
- P.A. days, Christmas Break, March Break and Summer Break

Parent Name: _____ Parent Signature: _____

Date: _____ (to be kept in student OSR at school)

It is expected that parents will be notified by April 30th, 2015 if the Before and After School Kindergarten Program will be offered at their school location.