



Toronto Catholic District School Board

Student Registration Form—Secondary

Monsignor Fraser College
(Enter School Name Above)



SCHOOL OFFICE USE ONLY

Admit Date:

Grade:

Student No:

OEN No:

Name Verification Document Type:

Student Information

Last Name		First Name		Middle Name		Date of Birth: (YYYY/MM/DD)	
Legal Name:							
Preferred First Name:						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Number / Street Name			Unit #	City	Postal Code		Home Phone No:
Home Address:							
Mailing Address: (If different from Home)		Number / Street Name		Unit #	City		Postal Code
Sibling in the School <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Alert Information			School Office Use: Proof of Address Verified <input type="checkbox"/>		
_____		_____			Verification Document Type: _____		
_____		_____			Verified By School Staff: _____		
BIRTH COUNTRY				Previous School Information			
Birth Country:			Country of Last Residence:			Previous School Name:	
_____			_____			_____	
First Entry Date into Canada (YYYY/MM/DD)							
Status In Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa (specify) _____							
Verification: <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Unable to Establish <input type="checkbox"/> Other _____							
Mother Tongue:			Language Spoken at Home:				
_____			_____				
Indigenous Student Voluntary Self Identification: <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Metis							
_____						School Board: _____	
_____						Phone No: _____	
_____						Last Day Attended: _____	
_____						Reason for Transfer: _____	
_____						_____	

Parent/Guardian Information	Title		Last Name		First Name		Middle Name		Place of Employment			
	Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student		Access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Please check all boxes which apply: <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Receives mail <input type="checkbox"/> Custody <input type="checkbox"/> Access to records <input type="checkbox"/> Speaks language of school				School Support <input type="checkbox"/> Catholic <input type="checkbox"/> Public		
	Check Contact priority sequence: (1=high, 3=low) Emergencies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							School Closure: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Phone Numbers: Home: _____		
	Address (if different from student) Number/Street Name							Unit #		City:		Postal Code
									Business: _____		Mobile: _____	
									Email: _____			

Parent/Guardian Information	Title		Last Name		First Name		Middle Name		Place of Employment			
	Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student		Access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Please check all boxes which apply: <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Receives mail <input type="checkbox"/> Custody <input type="checkbox"/> Access to records <input type="checkbox"/> Speaks language of school				School Support <input type="checkbox"/> Catholic <input type="checkbox"/> Public		
	Check Contact priority sequence: (1=high, 3=low) Emergencies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							School Closure: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Phone Numbers: Home: _____		
	Address (if different from student) Number/Street Name							Unit #		City:		Postal Code
									Business: _____		Mobile: _____	
									Email: _____			

Emergency Contact	Title		Last Name		First Name		Middle Name		Place of Employment			
	Catholic <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Student		Access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Please check all boxes which apply: <input type="checkbox"/> Lives with student <input type="checkbox"/> Speaks language of school Emergency contact is a relative/friend available during school hours				School Support <input type="checkbox"/> Catholic <input type="checkbox"/> Public		
	Check Contact priority sequence: (1=high, 3=low) Emergencies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							School Closure: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Phone Numbers: Home: _____		
	Address (if different from student) Number/Street Name							Unit #		City:		Postal Code
									Business: _____		Mobile: _____	
									Email: _____			

Parent/Guardian Signature: _____					Date: _____					
SIS Trillium September 2017	<p>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.</p> <p>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.</p>									