



Office Use Only	
School:	DBSCL
OEN:	
Student ID No.:	
Proof of Academic Achievement:	<input type="checkbox"/> Credit Counselling Summary <input type="checkbox"/> Transcript <input type="checkbox"/> Other
DATE ENTERED:	

Dr. Bette Stephenson Centre for Learning Registration Form

Information on this form will be used for home/school communications, planning and programming, and to establish the Ontario Student Record.

Students must attend the first day of classes in order to secure a position on the class list. If a student must be absent the first day, the student must notify the Vice Principal in advance.

PLEASE PRINT

STUDENT INFORMATION					
Legal Name – Last Name, First Name and Middle Name:					
Preferred Name (if different from above):				Student Email (optional):	
Date of Birth		Gender		Medical	
(Year)	(Month)	(Day)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Medical Alert Information/Disability/Allergies:	
HOME ADDRESS					
Number	Street Name		Apt. #	City/Town	Postal Code
Home Phone Number:			Cell Phone Number:		
CITIZENSHIP AND RESIDENCY INFORMATION					
Country of Birth:			Country of last Residence before arrival in Canada:		
Country of Citizenship:			Arrival Date in Canada: (Year) (Month) (Day)		
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student VISA <input type="checkbox"/> Refugee			Province of Birth (Canada only):		
Proof of Status Document: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Citizenship Card <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Passport <input type="checkbox"/> VISA/Refugee Documents <input type="checkbox"/> Immigration Documents			First Language:		
Proof of Ontario Residency (<i>Tax Bill; Utility Bill; Bank Statement; Credit Card Statement; Rental Contract</i>) Proof Received: <input type="checkbox"/> YES			Main Language Spoken at Home:		
			If student is considered to be of Indigenous ancestry, please check all categories that apply: <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Métis		

EMERGENCY CONTACT PERSON			
Last Name:		First Name:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship of Contact to Student:	Contact lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Contact Person Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone Number:	Cell Phone Number	Business Phone Number/Ext.	

EDUCATIONAL BACKGROUND		
Most Recent Ontario High School attended:		Name of School Board/City:
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been expelled from another school? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'YES', were you readmitted? YES <input type="checkbox"/> NO <input type="checkbox"/>	If 'YES', did you attend: ACCESS <input type="checkbox"/>
If 'YES', School Name:	Date:	

Canada's Anti-Spam Legislation (CASL) Important Information
<p>The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, field trips, books, and events where a financial transaction is required.</p> <p>Do you consent to receive electronic messages of this nature? ___Yes ___No</p> <p>Note: You will continue to receive emails on all other school matters.</p>

NOTICE				
<p>Information is collected pursuant to the Education Act. It will be used by Board employees for planning and programming, home and school communications, and to establish an Ontario Student Record. Limited information may be disclosed beyond the Board.</p> <p>For example: ♦ accident information to the Board's insurer; ♦ emergency phone networks; ♦ the release of names, ages, grades, with photographs, artwork, writing or other school work to the media for publicity; and /or ♦ the use of names, photographs, etc. used for displays in the school, newsletters and yearbooks. If you do not consent to the release of information for these purposes, please inform the principal in writing within 20 days of signing. Questions about the information collected on this form should be directed to the principal of the school.</p> <p>I certify that the above information is accurate to the best of my knowledge.</p>				
<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> </table>			Signature	Date
Signature	Date			
<p>***The Registration Form must be retained by the registering school for 5 years (post-retirement).</p>				