

International Language After School Program 2017/2018

Saturdays 9:00am to 11:30am

Semester 1 –

Sept 16, 2017 - Dec 16, 2017

- September 16, 23, 30
- October 14, 21, 28
- November 4, 11, 18, 25
- December 2, 9, 16



Semester 2 –

Jan 13, 2018 - May 12, 2018

- January 13, 20, 27
- February 3, 10, 24
- March 3, 24
- April 7, 14, 21, 28
- May 5, 12

REGISTRATION:

Students enrolled in *Grade 1 to Grade 8* may register

Registration form can be found at www.thelearningcentres.com

Courses will run only if enrollment is sufficient. Space is limited so register early!

Barrie Learning Centre

Bayfield Mall

320 Bayfield St, Barrie ON L4M3C1

Languages Offered: Please indicate the language of your choice

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Russian |
| <input type="checkbox"/> German | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Korean | |

Bradford Learning Centre

157 Holland Street East, Suite 200

Bradford, ON L3Z 2B7

Languages Offered: Please indicate the language of your choice

- | | |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese |

*Language not listed? Contact us for more information: email: elementaryil@scdsb.on.ca



Exciting opportunity for Students to learn an International Language

NOTE: OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED.

Student Information

BASIC INFORMATION		
Legal Name:		
Legal Last Name	Legal First Name	Legal Middle Name
Preferred Name (if different from legal name, please indicate below):		Sex (per birth documentation):
Preferred Last Name	Preferred First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:		
Month (mm)	Day (dd)	Year (yyyy)
Home Phone Number (###-###-####): _____ <input type="checkbox"/> Unlisted		

ADDRESS		
Property Address:		
House # / 911 #	Street Name	Apt. # / Suite # / Unit #
City / Town / Municipality	Province	Postal Code
Mailing Address: <input type="checkbox"/> Same as Property Address above (if not the same as Property Address, please provide below)		
House # / 911 #	Street Name / R.R. #	P.O. Box
City / Town / Municipality	Province	Postal Code

Parent/Guardian Information

CUSTODY, COURT ORDER, AND LIVING WITH INFORMATION		
Custody:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Joint <input type="checkbox"/> Exclusive	Special Arrangement:
	<input type="checkbox"/> Crown	
Court Order filed in OSR:	Student Living With (please specify):	
<input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT / GUARDIAN #1		
Relationship to Student:	Work Phone (###-###-####):	
Last Name:	Work Ext.:	
First Name:	<input type="checkbox"/> Not to be contacted at work	
Home Phone (###-###-####):		
Email Address:	Cell Phone (###-###-####):	
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT / GUARDIAN #2		
Relationship to Student:	Work Phone (###-###-####):	
Last Name:	Work Ext.:	
First Name:	<input type="checkbox"/> Not to be contacted at work	
Home Phone (###-###-####):		
Email Address:	Cell Phone (###-###-####):	
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED.

Emergency Contact Information (other than parent/guardian)

EMERGENCY CONTACT #1	
Relationship to Student:	Work Phone (###.###.####):
Name (Last Name, First Name):	Work Ext.:
Home Phone (###.###.####):	Cell Phone (###.###.####):

MEDICAL INFORMATION	
Life Threatening Medical Conditions	
Does the student have a "Life Threatening" medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	
Does the student require an EPIPEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require Insulin, Glucagon, other? Please specify:	
Non-Life-Threatening Medical Conditions	
Are there any non-life-threatening medical conditions the school should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:	

COUNTRY OF BIRTH, CITIZENSHIP AND LANGUAGE	
Country of Birth:	Province of Birth (if born in Canada):
If not born in Canada, original date of first entry into Canada:	
Month (mm)	Day (dd) Year (yyyy)
Country of Citizenship:	
Residence Status in Canada:	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa <input type="checkbox"/> Refugee Status
First Language:	Language Spoken at Home:

VOLUNTARY: SELF-IDENTIFICATION OF FIRST NATION, MÉTIS AND INUIT STUDENTS	
Simcoe County District School Board is committed to providing programs that result in improved success for First Nation, Métis and Inuit Students. All First Nation, Métis and Inuit Students have the right to voluntarily self-identify in accordance with SCDSB Policy 4195, Voluntarily, Confidential Self-Identification of First Nation, Métis and Inuit Students.	
If choosing to self-identify, please check the appropriate box: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	

Educational Background

CURRENT SCHOOL	
Grade at Current School:	
Student was previously registered at a SCDSB School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Current School:	Year of attendance at the SCDSB School: _____ YYYY
	Phone Number (###.###.###):
Address of Current School:	Street # Street Name Suite # / Unit #
	City / Town / Municipality Province Postal Code
Last Date of Attendance:	Month (mm) Day (dd) Year (yyyy)

SPECIAL EDUCATION ASSISTANCE	
Student previously received Special Education assistance:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Student has been identified through the IPRC process (Identification Placement and Review Committee):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has an IEP (Individual Education Plan):	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT

Personal information collected on this form will be used to establish the Ontario Student Record (OSR), support the provision of educational services and to administer health and first aid services and/or medical emergency response to students as required. Information is collected under the authority of the s.170, s.190, s.264, and/or s.265 of the *Education Act* and *Sabrina's Law* in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Please refer to the Student Information Practices statement available on the Simcoe County District School Board website for further information at www.scdsb.on.ca. Questions regarding information collected on this form should be directed to the school principal.

ADDITIONAL INFORMATION

I certify that the information that I have provided on this form is accurate and current to the best of my knowledge. I understand that copies of Custody documentation, if applicable, will be included in the OSR.

Parent/Guardian/Adult Student:			
	Please Print	Signature	Date (mm/dd/yyyy)

Photographs and Recording Consent, Waiver and Release

I hereby grant permission to the Simcoe County District School Board (SCDSB) and its agents or representatives to take photographs, videos or audio recordings of me/my child to promote, publicize or explain the SCDSB and its activities and functions and for administrative or educational or training purposes as outlined below.

I further grant to the SCDSB and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings and name in any media now known or later developed. I acknowledge that the SCDSB owns all rights to the images and recordings.

I further grant consent under the *Municipal Freedom of Information and Protection of Privacy Act* to the SCDSB to collect, use and disclose my image, voice, likeness and name in the video recordings/photographs for the promoting, publicizing or explaining the SCDSB and its activities and for administrative or educational purposes.

Waiver and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, and hold harmless the SCDSB, its officers, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials.

I have read this document before signing below and I fully understand the contents, meaning and impact of this consent, waiver, and release. This consent, waiver, and release is binding on me, my heirs, executors, administrators and assigns.

I understand that by giving this consent, I am permitting personal information about me or my child to be used as outlined in this form and further understand that if consent were withheld this use would not occur. I have given this consent voluntarily.

I consent

I do not consent

Date

Barrie Learning Centre

School

Name of Student (please print)

Name of Parent/Legal Guardian/Adult Student (please print)

Signature of Parent/Legal Guardian/Adult Student

Personal information including images and recordings in connection with this form is collected under the authority of the *Education Act* including s.170, 171, 198, 199, 264 and 265 and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for promoting, publicizing or explaining the SCDSB and its activities and for administrative, educational or training purposes. Personal information may be disclosed to outside service providers for processing and production. If you have any questions about the collection of personal information please contact the principal of the School or the Freedom of Information/Records Management Officer, 1170 Highway 26, Midhurst, Ontario L4N 7T4, phone (705) 734-6363 ext 11265.

