

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

BASIC INFORMATION		
Legal Last Name	First Name	Middle Name
Preferred Name (if different from legal name, please indicate below): Preferred Last Name Preferred First Name		Birth Date: (MM/DD/YYYY)
Gender Identity: Male: <input type="checkbox"/> Female: <input type="checkbox"/> Prefer not to Disclose <input type="checkbox"/> Prefer to Identify as _____		
Phone Number:	Email Address:	
Alternate Number:		

ADDRESS	
# and STREET NAME:	Apt. # / Unit #
CITY:	
PROVINCE:	POSTAL CODE:

EMERGENCY CONTACT	
Relationship to Student:	Parent/Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name (Last Name, First Name):	
Home Phone:	Cell Phone:
Parent/Guardian: (if under 18 years of age)	Lives with Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Custody:	Exclusive: <input type="checkbox"/> Both Parents: <input type="checkbox"/> Joint: <input type="checkbox"/> Crown <input type="checkbox"/>
Parent/Guardian #	
Name (Last Name, First Name):	
Home Phone:	Cell Phone:
Parent/Guardian Email:	

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:	Country of Citizenship:
If not born in Canada, original date of first entry into Canada:		
Month (mm)	Day (dd)	Year (yyyy)
Immigration Document:		
Residence Status in Canada:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Work or Study Permit	<input type="checkbox"/> Refugee Status
	<input type="checkbox"/> Exchange	Other:
First Language:	Language Spoken at Home:	
Are you a tax paying citizen of Ontario: Yes <input type="checkbox"/> No <input type="checkbox"/>		

VOLUNTARY: 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
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, Voluntary, Confidential Self-Identification of First Nation, Métis and Inuit Students.			

FUNDING INFORMATION	
ARE YOU A RECIPIENT OF FUNDING FROM ANY OF THE FOLLOWING AGENCIES?	
<input type="checkbox"/> OW <input type="checkbox"/> CAS <input type="checkbox"/> EI <input type="checkbox"/> WSIB <input type="checkbox"/> ODSP <input type="checkbox"/> FNMI	
Worker's Name: _____	Phone: _____
I give permission to the Learning Centre to correspond with my case worker regarding information about my attendance and progress.	
DATE: _____	STUDENT SIGNATURE: _____

EDUCATIONAL BACKGROUND	
Do you currently attend a secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a secondary graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of Secondary School:	Current Grade:
If no, name of last full-time Elementary or Secondary School attended:	
Location of Last Elementary or Secondary School Attended:	
Year of Attendance for Last School Attended:	

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
<p>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 <i>Education Act</i> and <i>Sabrina's Law</i> 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.</p>

Night School 2022/2023 Course Selections

Student Legal Name: _____
Last Name First Name Middle Name

OEN: _____

Semester 1 Mon/Wed & Tues/Thurs – Sept 19, 2022 to Jan 23rd, 2023

PRISM:

6pm to 9pm each evening

Course: _____

M/W

Course: _____

T/TH

Semester 2 Mon/Wed & Tues/Thurs – Feb 13th to Jun 21st, 2023

PRISM:

6pm to 9pm each evening

Course: _____

M/W

Course: _____

T/TH

Course Approved by:

Principal/Vice Principal/Guidance Signature

School Name and Location