



The Protestant Separate School Board of the Town Of Penetanguishene

STUDENT ONLINE PRE-REGISTRATION

Registration #:

Date:

STUDENT INFORMATION	STUDENT'S LEGAL NAME	DATE OF BIRTH	ONTARIO EDUCATION NUMBER
	STUDENT'S PREFERRED NAME	GENDER	LANGUAGE FIRST SPOKEN
	HOME ADDRESS		
	MAILING ADDRESS		CUSTODY STATUS
	EMAIL ADDRESS	PHONE NUMBER	LIVES WITH
	MAY LEAVE SCHOOL FOR LUNCH	MESSAGE CARRIER	MEDICAL ALERTS

REGISTRANT	REGISTRANT NAME	RELATIONSHIP	HOME PHONE NUMBER
	HOME ADDRESS		MOBILE PHONE NUMBER
	EMAIL ADDRESS		EARLY YEARS SURVEY COMPLETED

SCHOOL / PROGRAM INFORMATION	SCHOOL NAME	PROGRAM	GRADE
	Burkevale Protestant Separate School	English Language	
	OUT OF BOUNDARY / SPECIAL PROGRAM REQUEST		EXPECTED ENTRY DATE
			DISTRICT STUDENT NUMBER
	PREVIOUS EDUCATION / SCHOOL INFORMATION		DATE LAST ATTENDED
			GRADE LAST ATTENDED
SPECIAL PROGRAMMING NEEDS		ESL	
		IEP Document	
		IPRC	

RESIDENCY	COUNTRY / PLACE OF BIRTH	RESIDENCY STATUS
	ADDITIONAL DETAILS	DATE OF FIRST ENTRY
		RE-ENTRY DATE

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PARENT / GUARDIAN #1	PARENT / GUARDIAN NAME	LANGUAGES SPOKEN	RELATIONSHIP
	HOME ADDRESS	HOME PHONE NUMBER	
	PERMISSIONS <input type="checkbox"/> Access <input type="checkbox"/> Pick up <input type="checkbox"/> School Records <input type="checkbox"/> Mailings <input type="checkbox"/> Absence Notifications	MOBILE PHONE NUMBER	
	EMAIL ADDRESS	CASL	BUSINESS PHONE NUMBER

PARENT / GUARDIAN #2	PARENT / GUARDIAN NAME	LANGUAGES SPOKEN	RELATIONSHIP
	HOME ADDRESS	HOME PHONE NUMBER	
	PERMISSIONS <input type="checkbox"/> Access <input type="checkbox"/> Pick up <input type="checkbox"/> School Records <input type="checkbox"/> Mailings <input type="checkbox"/> Absence Notifications	MOBILE PHONE NUMBER	
	EMAIL ADDRESS	CASL	BUSINESS PHONE NUMBER

PARENT / GUARDIAN #3	PARENT / GUARDIAN NAME	LANGUAGES SPOKEN	RELATIONSHIP
	HOME ADDRESS	HOME PHONE NUMBER	
	PERMISSIONS <input type="checkbox"/> Access <input type="checkbox"/> Pick up <input type="checkbox"/> School Records <input type="checkbox"/> Mailings <input type="checkbox"/> Absence Notifications	MOBILE PHONE NUMBER	
	EMAIL ADDRESS	CASL	BUSINESS PHONE NUMBER

PARENT / GUARDIAN #4	PARENT / GUARDIAN NAME	LANGUAGES SPOKEN	RELATIONSHIP
	HOME ADDRESS	HOME PHONE NUMBER	
	PERMISSIONS <input type="checkbox"/> Access <input type="checkbox"/> Pick up <input type="checkbox"/> School Records <input type="checkbox"/> Mailings <input type="checkbox"/> Absence Notifications	MOBILE PHONE NUMBER	
	EMAIL ADDRESS	CASL	BUSINESS PHONE NUMBER

CUSTODY	CUSTODY / ACCESS INFORMATION
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SIBLINGS	SIBLING NAME	SCHOOL NAME	PROGRAM / GRADE	YEAR OF BIRTH	GENDER
	SIBLING NAME	SCHOOL NAME	PROGRAM / GRADE	YEAR OF BIRTH	GENDER
	SIBLING NAME	SCHOOL NAME	PROGRAM / GRADE	YEAR OF BIRTH	GENDER
	SIBLING NAME	SCHOOL NAME	PROGRAM / GRADE	YEAR OF BIRTH	GENDER
	SIBLING NAME	SCHOOL NAME	PROGRAM / GRADE	YEAR OF BIRTH	GENDER

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MEDICAL	MEDICAL INFORMATION		
	<input type="checkbox"/> Life Threatening Allergies <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other Allergies Description:		
<input type="checkbox"/> Requires EpiPen <input type="checkbox"/> Previously Concussed Medication Needs:			

CHILDCARE	CHILDCARE / CAREGIVER NAME	CONTACT PHONE NUMBER
	ADDRESS	MOBILE PHONE NUMBER
	CHILDCARE INFORMATION	

TRANSPORTATION	TRANSPORTATION REQUESTED	PICK-UP AT
	SPECIAL INSTRUCTIONS	DROP-OFF AT

CONTACT #1	ADDITIONAL CONTACT NAME	LANGUAGES SPOKEN	RELATIONSHIP
	HOME ADDRESS		HOME PHONE NUMBER
	PERMISSIONS / INSTRUCTIONS <input type="checkbox"/> Access <input type="checkbox"/> Pick up	BUSINESS PHONE NUMBER	MOBILE PHONE NUMBER

CONTACT #2	ADDITIONAL CONTACT NAME	LANGUAGES SPOKEN	RELATIONSHIP
	HOME ADDRESS		HOME PHONE NUMBER
	PERMISSIONS / INSTRUCTIONS <input type="checkbox"/> Access <input type="checkbox"/> Pick up	BUSINESS PHONE NUMBER	MOBILE PHONE NUMBER

CONTACT #3	ADDITIONAL CONTACT NAME	LANGUAGES SPOKEN	RELATIONSHIP
	HOME ADDRESS		HOME PHONE NUMBER
	PERMISSIONS / INSTRUCTIONS <input type="checkbox"/> Access <input type="checkbox"/> Pick up	BUSINESS PHONE NUMBER	MOBILE PHONE NUMBER

CONTACT ORDER	FOR ACADEMIC, ATTENDANCE OR DISCIPLINE CONCERNS		
	1.	2.	3.
	IN THE EVENT OF A MEDICAL EMERGENCY		
	1.	2.	3.
	IN THE EVENT OF A SCHOOL CLOSURE		
	1.	2.	3.

REG #:

PERMISSIONS / WAIVERS

Throughout the school year, there will be opportunities provided by The Protestant Separate School Board of the Town of Penetanguishene and Burkevale Protestant Separate School for your child to participate in programs and presentations that are outside of the usual school setting and/or school hours. Such co-curricular/field trips and/or events require that students behave in a responsible and safe manner. Despite following safe and reasonable procedures by supervising staff and attending students, there is always the inherent risk of accidents.

Educational activity programs which are being offered, involve certain elements of risk and that accidents may occur while participating in these activities. These accidents may cause injury, disability, dismemberment or an accidental death. These accidents result from the nature of the activity and can occur without any fault on either the part of the student, or the School Board, or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are acknowledging the risk of an accident occurring.

The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity. The School Board is making all parents and guardians aware of the inherent risks this activity generates and that the participant must maintain and abide by all rules, instruction, and proper conduct to ensure his or her own and the safety of all others.

We have read the above. We understand that, in participating in any co-curricular or field trip, there is an element of risk and we are assuming the risks associated with doing so:

I give my child permission to participate in co-curricular and field trips for the applicable school year:

I give permission for my child's likeness to be published in the local newspaper:

I give permission for my child's likeness to be published on the school website:

I give permission for my child's likeness to be published in the school newsletter:

I give permission for my child's likeness to be published on the school's Twitter feed (@burkevaleps):

I give permission for my child's likeness to be published on other social media platforms:

I acknowledge that personal information collected on this application form is under the authority of the Education Act and its regulations (R.S.O. 1990 c.E.2) ss.58.5, 265 and 266 as amended. This information may be used for educational planning and programming, Ontario Student Records, Statistical purposes and/or Transportation Services and is within the guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. Questions about the information collected on this form should be directed to the principal of the school:

I give permission for my child to access the Internet while at school:

I give permission for my child to be included in neighbourhood excursions such as walks within the vicinity of the school under a teacher's supervision:

I give permission to release my child's personal information, as necessary, to school volunteers assisting with school programs:

Upon registration at Burkevale Protestant Separate School, parental consent is required in order to contact the last school attended so that staff might begin to develop appropriate programming and/or service for your child. Please indicate your permission to establish that contact:

CONSENT

SIGNATURE & CONSENT FOR ELECTRONIC REGISTRATION

Parent/Guardian NameSignatureDate

OFFICE USE / NOTES

Proof of Date of Birth:

- Birth Certificate
- Certificate of Live Birth (birth registration)
- Passport
- Certification of Citizenship
- Other _____

Proof of Residency:

- Utility Bill
- Property Tax Bill
- Phone Bill
- Other _____

Custody Court Documents:

- Received
- Students Born Outside Canada:
- Pupil Eligibility Form

I hereby confirm that the ORIGINAL document(s), indicated above, have been viewed and the student information provided is correct.

Name (please print)
Principal or DesignatePosition (MUST be the Principal or Designate)SignatureDate