



CENTRAL TECHNICAL SCHOOL

725 Bathurst Street, Toronto, Ontario M5S 2R5
Telephone: (416) 393-0070 • Fax: (416) 393-0067
www.centraltechnicalschool.ca



APPLICATION TO ATTEND

Please bring your complete application package with supporting documents to the Student Service Office, Room 205. If approved, the Student Services Office will contact you by phone to schedule an appointment to registration and course selection.

Student Name: _____ Telephone No.: _____

Interview Date: _____ Interview Time: _____

The following documents **must be included** with your application (as applicable):

- Student Registration Form**
- Age Verification (1 PIECE):** Birth Certificate, Baptismal Record, Canadian Passport/Citizenship Card, Record of Landing, Refugee Claimant Form, Confirmation of Permanent Residence, Permanent Resident Card, TDSB School Admission Letter, Consideration of Eligibility, Acknowledgement of Refugee Claim.
- Proof Of Address (2 Pieces):** Current Lease or Deed, Current Utility Bill, Current Property Tax Bill, Current Motor Vehicle Ownership & Insurance, Original Interim Property Tax Bill, Current Bank Statement, Original Credit Card Statement (personal information on document may be blocked out), Recent correspondence from a government agency, Most recent original Income Tax Assessment (personal information on document may be blocked out), Recent correspondence from a Municipal, Federal and Provincial Government Agency.
- Most recent **Report Card** AND **Ontario Student Transcript**: can be obtained from your current/last school.
OR
Credit Counselling Summary: can be obtained from your current/last school.
- Attendance Profile** from the last school attended.
- Health Card Number** AND **Immunization Record**.
- A completed **Vice-Principal's Recommendation** from the last school attended. See page to of this package.
- Bring a **Parent or Legal Guardian** if under 18 years of age to your appointment if application is approved.

TDSB is committed to creating an equitable school system where the achievement and well-being of every student is fostered through rich, culturally authentic learning experiences in diverse, accepting environments where all are included, every voice is heard, and every experience is honoured.

TDSB strives to meet the accommodation needs of persons with disabilities. Applicants are encouraged to make their needs for accommodation known in advance during the application process.

Personal information contained on this form or general information collected on behalf of the Toronto District School Board regarding the student is collected under the authority of the Education Act and in compliance with sections 14, 31 and 32 of the Municipal Freedom of Information and Protection of Privacy Act and will be used for education, transportation and health and safety purposes. For further information, please contact 416-393-0070.

FOR OFFICE USE ONLY

| | | |
|---------------------------------------|-----------------|-------|
| Received | By: | Date: |
| Approved <input type="checkbox"/> | V.P. Signature: | Date: |
| Not Approved <input type="checkbox"/> | Reason: | |
| Entered into Trillium | By: | Date: |



Vice Principal's Recommendation Form for Central Technical School



To be filled out by an administrator of the last school the student attended.
Please bring the form to Central Technical School or ask the school to fax the form to 416-393-0067.

| | | |
|--------------|-------------|------------|
| Student Name | Student OEN | Birth date |
| School Name | Board | |

Please state the reason for change of school:

Please check the appropriate box

- | | | |
|---------------|-------------------------------------|--|
| Achievement | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| Attendance | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| Behaviour | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Unacceptable |
| Program Needs | <input type="checkbox"/> ESL | <input type="checkbox"/> Special Education |

General Comments:

- Required Attachments:
- Last Report Card
 - Attendance Profile (from beginning of the school year)

NOTE:

- The information you have provided is collected under the legal authority of Section 265 (d) of the Education Act R.S.O. 1990, and may be used for administrative purposes related to school programs and records for determining eligibility for attendance. Questions should be directed to the Principal.
- Transferring schools could affect your eligibility to participate in sports.
- Falsifying information on this form will result in your transfer back to your home school. Admission to Central Technical School is considered to be conditional pending receipt and review of the student's records from their previous school.

If this student is accepted at Central Technical School would you release the student from Trillium database so that he/she may be registered at Central Technical School?

It **IS recommended** / it is **NOT recommended** that this student be considered for admission to Central Technical School.

| | | |
|--------------------------------------|------------------------------|--------------|
| Vice-Principal's Name (Please Print) | P/Vice-Principal's Signature | Today's Date |
| Vice-Principal's Phone Number | P/Vice-Principal's Extension | |



STUDENT REGISTRATION FORM

Student Name: _____

School Name: _____

(School in which the student is registering)

Shaded Area for Office Use Only

Student OEN (Ontario Education Number): _____

| Trillium Student No. | Grade | Admit Date (yyyy/mm/dd) | Program | Homeroom |
|----------------------|-------|-------------------------|---------|----------|
|----------------------|-------|-------------------------|---------|----------|

Admit Code

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Beginner(JK/SK) | <input type="checkbox"/> From Other School Board | <input type="checkbox"/> From Province Outside Ontario | <input type="checkbox"/> From this Board |
| <input type="checkbox"/> Beginner/DayCare | <input type="checkbox"/> From Outside Canada | <input type="checkbox"/> From Private School in Ontario | <input type="checkbox"/> Returning from |
| <input type="checkbox"/> From Native Ed. Auth. School | <input type="checkbox"/> From other country, born in Canada | <input type="checkbox"/> Returning after non-attendance | Exchange |

Most recent Report Card Verified by: _____

(PLEASE PRINT)

STUDENT INFORMATION:

Name: _____
(Legal Last) (Legal First) (Legal Middle)

Name: _____
(Preferred Last) (Preferred First) (Preferred Middle)

Date of Birth / / Male Female
y y y y / m m / d d

STUDENT CONTACT INFORMATION (optional)

Cell Phone _____ - _____ - _____ E-mail Address: _____

Note: Legal Name must be shown on legal document (i.e. birth certificate, passport, change of name order, adoption order, etc.) and will appear on all school Official Records

HOME ADDRESS:

Proof of Residency Verification Document Shown 1) _____
Note: Principal may require such additional 2) _____
verification documentation as he/she deems
necessary to confirm residency.

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

HOME PHONE NUMBER: _____ - _____ - _____ Listed: Yes No

Fill in the section below **ONLY** if country of birth is other than Canada

Verification Document: _____
 Yellow ESL Verification Form Complete: Yes No

Birth Country _____ Country of Last Residence _____

Status in Canada _____ First Arrival Date in Canada _____ Expiry Date _____

To be completed for ALL students:

Country of Citizenship: _____ Province of Birth: _____
 (If born in Canada)

Languages Spoken (indicate all languages including English)

1) _____ First Language Spoken at Home
 2) _____ First Language Spoken at Home

EDUCATIONAL BACKGROUND

Has the student ever been registered at a school within the Toronto District School Board? Yes No

If Yes, provide the name of the school: _____ Last grade attended _____

If No, provide the name of the school most recently attended: _____

School Address _____ School Phone: _____ - _____ - _____

_____ School Fax Number: _____ - _____ - _____

_____ School E-mail: _____

Name of the School Board: _____

Has the student previously received Special Education Support? Yes No

Type of program (if known): _____

Is the student **currently** under **suspension** from any school or board? Yes No

Is the student **currently** under **expulsion** from any school or board? Yes No

FOR SECONDARY SCHOOL USE ONLY:

| | | |
|---|------------------------------|-----------------------------|
| Proof of Literacy Test Result Received: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Transcript Attached: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| First Entered ONT Sec. Schools after Grade 9: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cohort Year: | _____ (school year) | |

Previous Community Service Hours completed outside Toronto District School Board: _____ hours

Grade 10 Literacy Test successfully completed (Please provide proof of results) Yes No

MEDICAL INFORMATION

Proof of Immunization Record Shown Yes No

Health Card No. _____ (Version No.) (optional but recommended)

Medical Conditions:

If your child has medical needs or conditions of which the school should be aware, please describe the condition(s) below:

| | |
|-------|--|
| _____ | Life Threatening |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

SIBLING INFORMATION: (if the student has brothers or sisters in this school, please indicate)

| | |
|-----------|------------|
| Last Name | First Name |
| 1) _____ | _____ |
| 2) _____ | _____ |

INDIGENOUS STUDENT SELF-IDENTIFICATION:

All parents/guardians of Indigenous students, and students where they are 18 years of age or older, have the right to voluntarily self-identify. Please check the most appropriate box to indicate Indigenous Identity (if applicable). Please select one box only.

- | | |
|---|--|
| <input type="checkbox"/> First Nation Ancestry (Status or non-Status) | <input type="checkbox"/> Aboriginal person from outside Canada |
| <input type="checkbox"/> Metis Ancestry <input type="checkbox"/> Inuit Ancestry | <input type="checkbox"/> Other |

PARENTS OR LEGAL GUARDIAN INFORMATION ONLY

If Parents are separated or divorced they must provide the school with information about the custody/access arrangements with respect to their child, as per the Ontario Student Record Guidelines.

Documentation Received: Yes No Not Applicable

Contact priority should be based on whom to call in the case of an emergency and/or school closure
*Note: If e-mail address is provided, the school **may** use it for contact purposes.*

1) Last Name _____ First Name _____

(Please check all applicable boxes.) Male Female

Legal documents (custody order) are required in order for us to process a change to our records.

Relationship: Access to Child Guardian Lives with Student Access to Records
 Mother No Access Custody Receives Mail Speaks School Language
 Father
 Foster Parent
 Legal Guardian (Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. _____ - _____ - _____ Listed: Yes No

Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____

E-mail Address* _____
 Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]

Home Mailing Address (complete if different from student)

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

2) Last Name _____ First Name _____

(Please check all applicable boxes.) Male Female

Legal documents (custody order) are required in order for us to process a change to our records.

Relationship: Access to Child Guardian Lives with Student Access to Records
 Mother No Access Custody Receives Mail Speaks School Language
 Father
 Foster Parent
 Legal Guardian (Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone _____ - _____ - _____ Listed: Yes No

Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____

E-mail Address* _____
 Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]

Home Mailing Address (complete if different from student)

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

