



# DEER PARK SCHOOL 2018 STUDENT REGISTRATION FORM

DATES: **Wednesday July 4, 2018 to Friday, July 27, 2018**  
CLASS TIME: **9 am - 1 pm**

PLEASE PRINT

### STUDENT INFORMATION

Student Trillium/OEN Number  Home School

Last Name  First Name

Student Birth Date Year  Month  Day  Male  Female

Home Phone Number  Present Grade (currently)

### MEDICAL/EMERGENCY INFORMATION

Health Card Number

Does your child have any medical conditions? YES  NO

If yes, please give additional information

Does your child have any allergies? YES  NO  Does your child require an EpiPen? YES  NO

If yes, please give the source of allergy, i.e. peanut, bees, dust, etc.

In case of emergency contact  Phone Number

I hereby approve that my son/daughter attend this summer program and that his/her Report Card be shared with the appropriate summer school administrators and teachers.

Parent/Guardian Name (PLEASE PRINT) \_\_\_\_\_

Business/(Cell)Phone Number  Email Address

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Note: Parent signature confirms that the proceeding information is current from the registration date. It is the responsibility of the parent/guardian to inform the school of any changes to this information. Any false or misleading information can be grounds for dismissal from the program.

Please select this box to receive commercial emails from us. This could include information about Continuing and International Education programs, courses, events, fairs, contests etc.

### SCHOOL USE ONLY - TO BE COMPLETED BY TEACHER/PRINCIPAL

Please indicate appropriate student support/needs/recommendations: \_\_\_\_\_

A copy of the student's February 2018 report card must be attached to this registration form.

Has this student been identified through the IPRC process? Yes \_\_\_\_ No \_\_\_\_

If yes, Exceptionality: \_\_\_\_\_ attach IEP to application

Signature of Principal/Designate \_\_\_\_\_ Date \_\_\_\_\_

Please note that Principal's signature is required. Unsigned registrations will be returned.

Summer School Principal use only: Date received from school: \_\_\_\_\_

Registration approved: YES  NO  If declined: Reason: \_\_\_\_\_

Notice of Collection: The information you have provided is collected under the legal authority of the Education Act, R.S.O.1980, chapter 129, as amended, and will be used as necessary for administrative purposes and program placement. If you have any questions, please contact: Superintendent of Education, Continuing Education, 2 Trethewey Drive, Toronto, Ontario M6M 4A8.