BIRCHMOUNT PARK COLLEGIATE INSTITUTE
STUDENT REGISTRATION INFORMATION FORM

Student Name: _____ Date: _____
Surname First Name

Date of Birth: _____ Student Number: _____

Current School: _____

Reason for Requesting Birchmount Park C.I.:_____

_____

THE FOLLOWING MUST BE BROUGHT TO YOUR INTERVIEW

1. **CREDIT COUNSELLING SUMMARY** from last school (or Transcript if Summary is not available).
2. Your most recent **REPORT CARD** from the last school attended.
3. A completed **VICE-PRINCIPAL'S RECOMMENDATION** from the last school attended.
4. **ATTENDANCE PROFILE** from the last school attended, from the beginning of the school year.
5. Copy of IEP, if applicable.
6. Proof of address (2 pieces) Purchase Agreement/Lease Agreement, Drivers Licences, phone bill, utility bill, etc.
7. Health card number.
8. Birth certificate or passport or Canadian Citizenship card.
9. Bring a PARENT or GUARDIAN if under 18 years of age.

STUDENT QUESTIONNAIRE

(Please circle)

1. Have you been suspended from school during the past year? No Yes (If yes, please explain)

_____

_____

2. Have you EVER been suspended from school for a violent act: No Yes (If yes, please explain)

_____

_____

3. Are you currently being considered for expulsion by a school board? No Yes (If yes, please explain)

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_____

4. Are you currently under expulsion from any school board? No Yes (If yes, please explain)

_____

_____

_____ _____
Student Signature Date

_____ _____
Parent Signature Date