



STUDENT REGISTRATION FORM

School: FOREST HILL COLLEGIATE INSTITUTE

Trillium # _____

OEN # _____

GRADE: _____

STUDENT INFORMATION

Legal Surname: _____

Preferred Surname: _____

Legal Middle Name: _____

Preferred First Name: _____

Legal First Name: _____

Gender: Male Female

Date of Birth (yyyy/mm/dd): _____

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

STUDENT ADDRESS INFORMATION

Home Address: _____
Number Street Apt/Unit/Suite Number

City/Town Province Postal Code

Home Phone Number: _____

Listed: Yes No

STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

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

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

Birth Country: _____ Country of Last Residence: _____

Status is Canada: _____ Date Arrived in Canada: _____ Expiry Date: _____

EDUCATIONAL BACKGROUND

Name of Previous School: _____

Previous School Address: _____ Phone: _____
City/Town Province

Previous School Board: _____

Last Date of Attendance: _____ Reason for Transfer: _____

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: _____

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:
Previous Community Service Hours completed outside Toronto District School Board: _____ hours
Grade 10 Literacy Test successfully completed (*please provide proof of results*) Yes No
First Entered ONTARIO Secondary Schools after Grade 9 Yes No Cohort Year: _____

MEDICAL INFORMATION

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 No

_____ Yes No

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

Surname (1): _____ Surname (2): _____
First Name (1): _____ First Name (2): _____

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

CONTACT 1
Surname: _____ First Name: _____ Male Female
Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
Home Phone Number: _____ circle your choice: 1=high priority, 4=low priority
Business Phone Number: _____
Cell Phone Number: _____
Email Address* : _____
CASL
Home Mailing Address (complete if different than student’s)

Has Access to Student	Legal Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody <input type="checkbox"/>	Has Access to Records <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Speaks English <input type="checkbox"/>

Number Street City/Town Province Postal Code

CONTACT 2
Surname: _____ First Name: _____ Male Female
Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
Home Phone Number: _____ circle your choice: 1=high priority, 4=low priority
Business Phone Number: _____
Cell Phone Number: _____
Email Address* : _____
CASL
Home Mailing Address (complete if different than student’s)

Has Access to Student	Legal Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody <input type="checkbox"/>	Has Access to Records <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Speaks English <input type="checkbox"/>

Number Street City/Town Province Postal Code

EMERGENCY CONTACT INFORMATION *(if parent/guardian cannot be reached)***CONTACT 1**Surname: _____ First Name: _____ Male Female Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

CONTACT 2Surname: _____ First Name: _____ Male Female Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

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 single box to indicate Indigenous Identity (if applicable).**

First Nation Ancestry (Status or non-Status) Indigenous person outside of Canada Métis Ancestry Inuit Ancestry Other **ADDITIONAL STUDENT INFORMATION** *(if required for school)*

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

Signature of Parent/Legal Guardian

yyyy/mm/dd

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions or concerns about this collection should be directed to the Privacy Office, Toronto District School Board, 1 Civic Center Court, 4th Floor, Etobicoke Ontario, M9C 2B3 or (416)394-2344.

*Email address will be used to provide information such as student progress and information nights and information from Board officials or the Board of Trustees that relate to the education of students or operation of schools.

**Email address will also be used to provide information of a commercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. CASL prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Toronto District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.