

School Name:

: Continuing & International Education Elementary Summer School Program



2016 STUDENT REGISTRATION FORM

DATES: _____
CLASS TIME: _____

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 2016 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: _____