

# **WESTVIEW CENTENNIAL SECONDARY SCHOOL**

## **STUDENT REGISTRATION PACKAGE**



**WESTVIEW CENTENNIAL SECONDARY SCHOOL**  
**VICE-PRINCIPAL'S RECOMMENDATION**  
(To be completed by Student's Vice-Principal)



**(Section A): Must be completed by the student before Section B is completed:**

Student Name: \_\_\_\_\_  
Surname First Name  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

**STUDENT QUESTIONNAIRE:**

(If you answer "yes" to any of the following, please explain)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you been suspended from school during the past year?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you been suspended from school for a violent act?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you currently being considered for expulsion by a school board? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Are you currently under expulsion from any school board?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**(Section B): To be completed by current school Principal/Vice-Principal**

Check the appropriate box:

- |                |                                     |                                       |
|----------------|-------------------------------------|---------------------------------------|
| 1. Achievement | Acceptable <input type="checkbox"/> | Unacceptable <input type="checkbox"/> |
| 2. Attendance  | Acceptable <input type="checkbox"/> | Unacceptable <input type="checkbox"/> |
| 3. Behaviour   | Acceptable <input type="checkbox"/> | Unacceptable <input type="checkbox"/> |

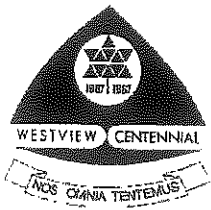
4. General Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you recommend this student to attend Westview Centennial Secondary School? Yes ☐ No ☐

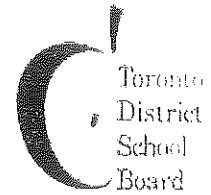
Signature of Principal/Vice-Principal: \_\_\_\_\_

***\*\*Falsifying information on this form will result in your retirement from Westview Centennial Secondary School***



# WESTVIEW CENTENNIAL SECONDARY SCHOOL

## STUDENT REGISTRATION FORM



**The following documents must be brought to your interview for admission to Westview:**

- ✓ Current deed/Tax bill or Lease with Parent(s)/Legal Guardian's and Student's name listed on it
- ✓ Second proof of Address (e.g. Current bill, Driver's licence)
- ✓ Birth Certificate/Immigration papers/Passport
- ✓ Health Card
- ✓ Proof of Immunization
- ✓ Most recent Transcript from last School attended
- ✓ Most recent Report card from last School attended
- ✓ Name, Address and Phone number of 2 Family members or other Adults to contact in case of an emergency
- ✓ IEP and/or Special Education Reports, if applicable

A Parent or Legal Guardian must accompany students under 18 years old.

### **EDUCATIONAL HISTORY – To be completed by student**

Student Name: \_\_\_\_\_  
Surname First Name

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Length of time at current address: \_\_\_\_\_

With whom do you reside: Mother Father Legal Guardian Roommate Alone

Previous School: \_\_\_\_\_

Board: \_\_\_\_\_ Date Demitted: \_\_\_\_\_

Have you ever attended a Toronto District School Board school? Yes ☐ No ☐

Have you ever received Special Education assistance? Yes ☐ No ☐

Have you ever been out of school for a semester or more? Yes ☐ No ☐

Have you ever been suspended from school? Yes ☐ No ☐

Are you currently being considered for expulsion or have you been expelled from any school in Ontario? Yes ☐ No ☐

Is there any other information that would assist us in registering you?

### **For Office Use**

Date of Registration: \_\_\_\_\_ New Student: \_\_\_\_\_ Re-entry to Westview \_\_\_\_\_

Trillium Entry by: \_\_\_\_\_ Grade: \_\_\_\_\_ TDSB Student Number: \_\_\_\_\_

Vice Principal: \_\_\_\_\_ Counsellor: \_\_\_\_\_

Referred to Settlement worker, if required? Yes ☐ No ☐

Referred to Social worker/CYC, if required? Yes ☐ No ☐



# 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	<input type="checkbox"/> 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
y y y y m m d d Male ☐ Female ☐

## 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 (if other than 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 ☐ No ☐

Transcript Attached: Yes ☐ No ☐

First Entered ONT Sec. Schools after Grade 9: Yes ☐ No ☐

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 ☐ No ☐Yes ☐ No ☐**SIBLING INFORMATION: (if the student has brothers or sisters in this school, please indicate)**

Last Name

First Name

1) \_\_\_\_\_

2) \_\_\_\_\_

**ABORIGINAL STUDENT SELF-IDENTIFICATION:**

All parents/guardians of Aboriginal 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 Aboriginal Identity (if applicable). Please select one box only.

☐ First Nation Ancestry (Status or non-Status)☐ Aboriginal person from outside Canada☐ Metis Ancestry ☐ Inuit Ancestry☐ Other (please specify): \_\_\_\_\_

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 <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<i>Contact priority should be based on whom to call in the case of an emergency and/or school closure</i> <i>Note: If e-mail address is provided, the school <u>may</u> use it for contact purposes.</i>	
1) Last Name _____ First Name _____ (Please check all applicable boxes.) Male <input type="checkbox"/> Female <input type="checkbox"/> Legal documents (custody order) are required in order for us to process a change to our records.	
<b>Relationship:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Access to Child <input type="checkbox"/> No Access <input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Receives Mail <input type="checkbox"/> Access to Records <input type="checkbox"/> Speaks School Language  (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 <input type="checkbox"/> No <input type="checkbox"/> Business No. _____ ext. _____ Cell No. _____ E-mail Address* _____ <input type="checkbox"/> Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]	
<b>Home Mailing Address (complete if different from student)</b> Number _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____ City/Town _____ Province _____ Postal Code _____	
2) Last Name _____ First Name _____ (Please check all applicable boxes.) Male <input type="checkbox"/> Female <input type="checkbox"/> Legal documents (custody order) are required in order for us to process a change to our records.	
<b>Relationship:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Access to Child <input type="checkbox"/> No Access <input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Receives Mail <input type="checkbox"/> Access to Records <input type="checkbox"/> Speaks School Language  (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 <input type="checkbox"/> No <input type="checkbox"/> Business No. _____ ext. _____ Cell No. _____ E-mail Address* _____ <input type="checkbox"/> Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]	
<b>Home Mailing Address (complete if different from student)</b> Number _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____ City/Town _____ Province _____ Postal Code _____	

## EMERGENCY CONTACT INFORMATION

If a parent/guardian cannot be contacted use the following emergency contact:

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male ☐

Female ☐

Relationship to student: \_\_\_\_\_

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4

For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male ☐

Female ☐

Relationship to student/comment: \_\_\_\_\_

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4

For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION: (if required for school)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Funding Purposes**

**Fees Required if: (Approved by TDSB Admissions Office)**

☐ Student is a non-resident pupil on a Study Permit.

☐ Student is a Visitor to Canada

☐ Fees are paid by the Government of Canada

☐ Fees are paid by a Native Education Authority

If uncertain, please consult or refer parent/guardian to the Toronto District School Board Admission Office, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, or call (416) 395-8120.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
y y y y m m d d

Signature of Parent/Legal Guardian \_\_\_\_\_

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 about this collection should be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, Tel. (416)397-3288.

\*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.

## **Westview Uniform Pricing**

**2017-18**

<b>Item:</b>	<b>Cost:</b>
<b>Long Sleeve Golf Shirts</b>	<b>\$25.00</b>
<b>Short Sleeve Golf Shirts</b>	<b>\$20.00</b>
<b>Black Hoodies</b>	<b>\$25.00</b>
<b>Black or White T-Shirts</b>	<b>\$10.00</b>