BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD
P.O. Box 217, 322 Fairview Drive, Brantford ON N3T 5M8
Phone 519-756-6505 -- **Fax** 519-756-9913

STUDENT REGISTRATION FORM - SECONDARY

STUDENT INFORMATION:

Student's Legal Name: _____
Last First Middle

Student's Preferred Name: _____
(if different from above) Last First Middle

Street Address: _____ Apt. #_____ City: _____ Postal Code: _____

Rural Address: RR#_____ Road Number/Name: _____

Mailing Address *(if different from above)*: Postal Box: _____ Postal Code: _____

Document Used for Proof Of Residence_____ Address Verified by:_____
(i.e., Utility Bill/Lease/Property Title) (School Official or Designate)

Telephone Number: _____

Birth Date: _____/_____/_____ Admitting into Grade: _____ Gender: Male ☐ Female ☐
Year Month Day

Student Baptized Roman Catholic: Yes ☐ No ☐

Date Baptized: _____/_____/_____ Name of Church where Baptized: _____
Year Month Day

School Tax Support of Present Residence: Separate School ☐ Public School ☐

LAST SCHOOL ATTENDED:

Name of School: _____ School Board: _____
Address: _____ Postal Code:_____
Phone Number: _____

PARENTS AND/OR GUARDIANS:

Mother/Guardian Name: _____
Address (*if different from Student*):_____
Lives with Student: Yes ☐ No ☐
Employer: _____ Occupation: _____
Phone #: Work: _____ Ext.:_____ Available at Work? Yes ☐ No ☐
Phone #: Home: _____Cell: _____
Mother's/Guardian's E-mail Address: _____
Religion: Roman Catholic? Yes ☐ No ☐ Parish: _____

Father/Guardian Name: _____
Address (*if different from Student*):_____
Lives with Student: Yes ☐ No ☐
Employer: _____ Occupation: _____
Phone #: Work: _____ Ext.:_____ Available at Work? Yes ☐ No ☐
Phone #: Home: _____Cell: _____
Father's/Guardian's E-mail Address: _____
Religion: Roman Catholic? Yes ☐ No ☐ Parish: _____

CUSTODY:

Please indicate if the school administration should be aware of any such Court Order for the protection of your child.

Yes ☐ No ☐ If 'yes', please make arrangements to discuss this situation with the school principal. Legal documentation will be required.

STUDENT CITIZENSHIP/ IMMIGRATION INFORMATION: A copy of Birth Certificate or Visa/Immigration Documentation is required for ALL students

Country of Birth: _____ Original Date of Entry into Canada: _____/_____/_____ (Year Month Day)

Province of Birth: _____

Indigenous Student Self-Identification *(voluntary information)*: First Nation ☐ Mètis ☐ Inuit ☐

Student is a member of Six Nations ☐ Mississaugas of the Credit ☐ Other _____

Resident of Reserve: Six Nations of the Grand River ☐ Mississaugas of the Credit ☐

Citizenship Status: Canadian ☐

Permanent Resident (Landed Immigrant) ☐ Date on PR Documentation _____/_____/_____ (Year Month Day) Verified By: _____ (School Official or Designate)

Student Visa ☐ Other Visa ☐ _____ Expiry Date: _____/_____/_____ (Year Month Day)

First Language Spoken: _____

Interpreter Required: Yes ☐ No ☐ Tuition Paying Student: Yes ☐ No ☐

EMERGENCY CONTACT: In case of emergency or school closure, please provide us with names and phone numbers of contacts if the school cannot contact you.

	Name	Relationship	Phone Number(s)
Emergency Contact #1 (Other Than a Parent)			Home: Cell:
	Name	Relationship	Phone Number(s)
Emergency Contact #2 (Other Than a Parent)			Home: Cell:

MEDICAL INFORMATION:

Are there any particular health/medical problems your child may be experiencing which the school should be aware of?

No Health Concerns ☐ Life Threatening Allergies/Conditions ☐ Physical Disabilities ☐ Allergies ☐ Serious Illness ☐ Asthma ☐

Previous Concussion ☐

Please explain: _____

_____

Does your child require any prescribed medication for his/her condition/illness during school hours? Yes ☐ No ☐

Doctor: _____ Phone Number: _____

SPECIAL PROGRAMMING:

Has your child previously received English as a Second Language Assistance? Yes ☐ No ☐

Has your child previously received Special Education Assistance through an Individual Education Plan? Yes ☐ No ☐

Has your child participated in the Identification Placement and Review Committee (IPRC) process? Yes ☐ No ☐

Does your child have any Physical Needs?: ☐ Vision ☐ Hearing ☐ Toileting ☐ Medication ☐ Mobility

Does your child use any assistive devices? Please specify: _____

_____

Does your child currently receive support from any Community agencies? Please specify: _____

_____