



Assumption College School

257 Shellard Lane, Brantford, Ontario N3T 0M7
Telephone (519) 751-2030 • Fax (519) 751-0125
www.assumptionlions.com

WELCOME TO ASSUMPTION COLLEGE

Thank you for entrusting the education of your child to Assumption College School.

We are a Catholic Learning Community which offers a high standard of education based on lived faith. We celebrate our differences by respecting all faith traditions while living to the best of our ability the Gospel message of Christ.

Our faith is seen in our words, our treatment of others and in our works of charity. We hope you realize that by enrolling your child at Assumption College School, you are choosing a faith-based school and will support us in educating your child's mind, heart and soul.

We welcome all future students and invite them to deepen their own spiritual life, no matter which faith tradition they embrace, by participating fully in every aspect of our school community.

Yours truly,

Allison Hayes
Principal



Assumption College School

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Welcome to Assumption College School. We look forward to working with you as a member of our Catholic school community.

Please read the contents of this package and fill out the required forms.

This registration package contains:

1. Student Registration Form (required)
2. Freedom of Information and Consent Form (required)
3. Student Information and Communications Technology Use Agreement (required)
4. Application for the Direction of School Support (if applicable)
5. Separate School Assessment Lease (if applicable)
6. Application for the Enrolment of Non-Catholic Students (if applicable)
7. Application for Outside School Boundary Attendance (if applicable)

Please fill out these forms carefully and return to the school.

If you need more information, please contact me at the school. For more information about our Board, please visit www.bhncdsb.ca.

Sincerely,

Allison Hayes
Principal



**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

DOCUMENTATION REQUIRED

DOCUMENTATION NEEDED TO PROCESS YOUR APPLICATION:

- ☐ A completed Student Registration Information Form
- ☐ 2020-2021 Activity Fee.
- ☐ Current student transcript
- ☐ Attendance report from present school
- ☐ Most recent Report Card
- ☐ Individual Education Plan (IEP) and/or Individual Placement Review Committee Report (IPRC)
- ☐ Copy of Birth Certificate
- ☐ Proof of Custody (if applicable) Legal Custodian is: _____
- ☐ Immunization Record – call Brant County Health Unit – 519-753-4937 ext. 451. Alternatively, update the immunization status on-line at www.bchu.org under the Online Vaccine Reporting section or the Haldimand Norfolk Health Unit (519) 426-6170.

IF YOU HAVE RECENTLY MOVED TO CANADA, THE FOLLOWING IS REQUIRED:

- ☐ Letter of permission from the Brant Haldimand Norfolk Catholic District School Board
- ☐ Citizenship certificate/Recording of Landing (MM 1000) passport

IF YOU LIVE OUTSIDE THE SCHOOL BOUNDARIES:

Completed **Request for Out-Of-Boundary Registration form**, if your residence is not within the school's boundaries. (To confirm the school designated for your place of residence, call the Brant Haldimand Norfolk Catholic District School Board – 519-759-8862.)

THIS REGISTRATION PACKAGE MUST BE RETURNED TO THE SCHOOL'S MAIN OFFICE

It is important to submit your application package as early as possible, since some courses have limited enrolment. If your application is accepted, an appointment will be made with a guidance counselor to register you into courses. This will be completed at the time of the appointment.

Office Use Only:

Administrator's Signature _____ Admit _____ Do Not Admit _____

Recommendations: _____

Date of Entry: _____



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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/Driver's Licence) (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: _____

Aboriginal Student Self-Identification (*voluntary information*): First Nation ☐ Métis ☐ Inuit ☐

Student is a member of Six Nations ☐ New Credit ☐ Other ☐ _____

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

Citizenship Status: Canadian ☐

Permanent Resident (Landed Immigrant) ☐ Date on PR Documentation ____/____/____ Verified By: _____
Year Month Day (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.

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

Emergency Contact #2 (Other Than a Parent)	Name	Relationship	Phone Number(s)
			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 ☐

Please explain: _____

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

Health Card # (optional): _____

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: _____

QUESTIONNAIRE FOR ADMISSION

Last School Attended : _____

Have you been suspended from school in the past year? Yes ☐ No ☐

Have you ever been suspended from school for a violent act? Yes ☐ No ☐

NOTES:

1. The information you have provided is collected under the legal authority of section 265(d) of The Education Act, R.S.O., 1991 Vol. 2, C.10, 5.6, and may be used for administrative purposes related to school programs and records and for determining eligibility for attendance. Questions should be directed to the Principal.
2. A school transfer could affect eligibility to participate in sports.
3. Admission is considered conditional pending receipt and review of the student's records from his/her previous school. Falsifying information on this form will rescind the admission.

Your previous Principal or his/her delegate is asked to comment on the following:

1. Attendance Acceptable ☐ Unacceptable ☐

2. Behaviour Acceptable ☐ Unacceptable ☐

3. Achievement Acceptable ☐ Unacceptable ☐

General comments: _____

Principal Signature: _____ Date: _____

I, _____ authorize school staff to contact my previous principal or delegate as required.

Student Signature: _____ Date: _____

INFORMATION COLLECTION AUTHORIZATION

Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)

Under the Education Act, transportation is an educational purpose. Whether it is a class trip or transportation to school, most of our students will ride a school bus. The Brant Haldimand Norfolk Catholic District School Board has an agreement with Student Transportation Services - Brant Haldimand Norfolk (STSBHN) to share student data including personal information. Examples of information that is shared includes (but is not limited to) a student's home address (for bussing to school) or a student's emergency contact name and phone number (on hand for bussing during a class trip). STSBHN is bound by the same 'acts' as the Board (PIPEDA, MFIPPA, PHIPA) and handles the personal information they receive accordingly.

I consent to the collection, use and disclosure of personal information to Student Transportation Services Brant Haldimand Norfolk.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



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MEDICAL ALERT FORM

In order for the staff to provide the proper care for your child, accurate information is needed by the school. If your child has any allergies or other medical issues the school needs to be aware.

STUDENT NAME: _____

PART 1 - ALLERGIES

ALLERGY to

Nuts / Peanuts

☐

Bee Stings

☐

Other: _____

Does student carry an EPI-PEN?

Yes ☐

No ☐

Indicate where EPI-PEN is located (locker, backpack, etc.)

Describe the student's **REACTION/SIGNS** and step-by-step **PROCEDURES** to follow in case of an anaphylactic emergency:

PART 2 – OTHER MEDICAL ISSUES

The student has the following **MEDICAL CONDITION AND SYMPTOMS**: (Do not include allergies as indicated above)

The student has the following **RESTRICTIONS**:

Describe the student's **REACTION/SIGNS** and step-by-step **PROCEDURES** to follow in case of an emergency:

Parent/Guardian Signature: _____

Date: _____



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**Student Information and Communications
Technology Use Agreement
Intermediate/Senior Students
Grade 7 - 12**

Student users of the Brant Haldimand Norfolk Catholic District School Board's technology resources must complete this form with applicable signatures. Students without this signed form on file will be denied access to BHNCDSD technology resources. Students that violate this Agreement will be reported to the Principal of their school and their access to the Board's network may be blocked or removed entirely; depending on the severity of the violation. All illegal activities will be reported to the Superintendent or his/her designee and prosecuted to the fullest extent of the law. Computer use by students is a privilege, not a right.

As an intermediate/senior student of the Brant Haldimand Norfolk Catholic District School Board , I understand that:

- School computers are to be used for educational purposes only.
- The internet is provided so I can conduct research, complete course work and communicate with others.
- My Board email account is not private.
- My files stored on school computers and the board network is not private.
- All communications and information accessible via a school computer or the board network is not private.
- Anything created on a Board-owned computer during school hours is the property of the Board.
- Illegal activities are strictly forbidden.

As an intermediate/senior student of the Brant Haldimand Norfolk Catholic District School Board , I understand that I must:

- Ask permission before using a school computer or device and or accessing the internet at school.
- Review all information that I will be posting to the internet and I must ask permission before doing so.
- Ensure my personal information remains confidential, i.e., password, home address, telephone numbers or those of other students.
- Use school computers for school purposes only.
- Be courteous and respectful in messages to others.
- Use appropriate language on school computers.
- Abide by generally-accepted rules of *netiquette* and conduct myself in a moral and ethical and polite manner while using any school computer.
- Abide by all patent, trademark, trade name and copyright laws.
- Notify a staff member immediately if I can identify a security problem.

As a senior student of the Brant Haldimand Norfolk Catholic District School, I also understand that I must not:

- Use social media in a way that may be harmful to another person.
- Transmit, receive, submit or publish any defamatory, inaccurate, abusive, obscene, profane, sexually-oriented, threatening, offensive or illegal material.
- Use the computer in a way that can harm people or the system (physically, spiritually or emotionally).
- Store files on school computers that are illegal (i.e., downloaded music or movies).
- Use email to bully, harass or embarrass others.
- Forward spam or jokes from Board accounts or to Board addresses.
- Access a computer using another person's username and password.
- Use school or Board logos without my teacher's permission.
- Use the Board's network in such a way that would disrupt the use of the network by other users.
- Attempt to navigate around the Board internet filter.
- Post personal messages on bulletin boards or list servers.
- Use school computer resources for commercial purposes or product advertising.
- Tamper with, illegally access or hack any Board computer resources.

I understand that failure to comply with Information Technology Policies and Procedures from the Brant Haldimand Norfolk Catholic District School Board may result in my Information and Communications Technology and Electronic Communications privileges being suspended. Further, violations of these policies or procedures will be dealt with in the same manner as violations of other Board policies or procedures and may result in disciplinary review. In such a review, the full range of disciplinary sanctions is available, including the loss of computer use privileges, suspension and legal action.

Student's Name: _____ Incoming Grade: _____

Student's Signature: _____ Date: _____

As the parent or legal guardian of the student signing above, I have read the above Agreement and grant permission for my child to access the Information and Communication Technology resources of the Brant Haldimand Norfolk Catholic District School Board. I understand that the Brant Haldimand Norfolk Catholic District School Board's Information and Communication Technology resources are designated for educational purposes only. I also understand that it is impossible for Board staff to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the internet. I understand that individuals and families may be held liable for violations.

Parent's Signature: _____ Date: _____

If student is under 18 years of age

I have read the above Agreement and understand that I will have access to the Information and Communication Technology resources of the Brant Haldimand Norfolk Catholic District School Board. I understand that the Brant Haldimand Norfolk Catholic District School Board's Information and Communication Technology resources are designated for educational purposes only. I also understand that it is impossible for Board staff to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the internet. I understand that I may be held liable for violations.

Signature: _____ Date: _____

Student is over 18 years of age



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**APPLICATION FOR THE ENROLMENT OF
NON-CATHOLIC STUDENT**

TO BE COMPLETED BY THE PARENTS/GUARDIANS

The Brant Haldimand Norfolk Catholic District School Board welcomes your interest in its school system. In order to be more fully informed of the Board's approach to the education of the children in its care, you are asked to review the following information.

This Statement of Expectations indicates the deep concern, which, clergy, trustees, teachers and parents of the Brant Haldimand Norfolk Catholic District School Board hold for the spiritual growth of our children. Therefore, we expect that parents and their children who attend our schools will embrace the following expectations:

- To show respect and reverence toward the Religious Education Programs and practices within our schools.
- To participate in all aspects of the Religious Education and Family Life Programs, liturgies and celebrations during school hours with the exception of the sacraments for those students who are admitted as non-Catholics.

To assume the responsibility to inform their children as to the reasons why they cannot receive the sacraments if they are non-Catholic.

Parent/Guardian Making Application:

Street Address:

City/Town:

Postal Code:

Home Telephone:

Cell Phone:

Email Address:

I/we hereby make application to the Brant Haldimand Norfolk Catholic District School Board to have our child/children enrolled at:

School Name:

Start Date:

Our residence is within the designated boundary for this school:

Yes

No

Student(s) Information:

Names of all school-age children (indicate the Date of Birth, Grade Requested and any Special Education needs):



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SEPARATE SCHOOL ASSESSMENT LEASE

This lease made this _____ day of _____, 20____

I, (Non-Catholic Lessor) _____
Surname Christian Name

Hereby agree with
(Roman Catholic Lessee) _____
Surname Christian Name

To lease the premises situated at _____
Number Street

In the City or Town of _____ in the City/Town/County of _____

the herein named _____ Roman Catholic Lessee, for a term of one (1) year,

to be computed from _____, 20____, and automatically renewable annually;
Provided however, that this lease may be terminated upon thirty (30) days notice in writing given by either party.

The parties hereto agree that the intent in granting this lease is to allow the subject property to be assessed on the basis of being a separate school supporter under Sections 20 and 24 of the Assessment Act, R.S.O. 1970, Chapter 32.

This lease does not affect the ownership of the property in any way whatsoever, nor will it be registered.

Signed, and delivered
in the presence of

(Lessor)

(Lessee)

Witness

The Brant Haldimand Norfolk Catholic District School Board shall be deemed the authorized agent for the school support.

FOR OFFICE USE ONLY

NBHD	CNTY	MUN	MAP/VID	MAP/SUB	PARCL	MAPSUB

INFORMATION COLLECTION AUTHORIZATION

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Demande d'affectation des taxes scolaires
 en vertu de l'article 16 de la Loi sur l'évaluation foncière

An application must be made to the Assessment Commissioner to include or revise school support on the assessment roll.

Pour ajouter ou modifier l'affectation des taxes scolaires sur le rôle d'évaluation, il faut soumettre une demande au commissaire à l'évaluation.

Instructions: see reverse / voir au verso

Please enter or revise my school support designation on the assessment roll in accordance with the following information.
 Veuillez inscrire ou modifier l'affectation de mes taxes scolaires sur le rôle d'évaluation selon les renseignements ci-après.

Municipality / Municipalité		Address of Property / Adresse de la propriété		Unit/Apt./ Logement/App.	Residence Tel. No. / N° de tél. (domicile)
Mailing Address - if different from above / Adresse postale - si autre que ci-dessus Street No., Name, P.O. Box, R.R. # / N° et rue, C.P., R.R. City / Ville Province Country / Pays Postal Code / Code postal					
Business Address - if self-employed or in partnership in business / Adresse commerciale - commerçant indépendant ou société de personnes					Business Tel. No. / N° de tél. (bureau)
List other properties that you own or rent in the Municipality or Region / Indiquez les autres propriétés que vous possédez ou louez dans la municipalité ou la région.					

Please Answer All Questions Below. / Veuillez répondre à toutes les questions ci-dessous.

School Board Use Only / Réservé au conseil scolaire		B Occupancy Status Statut de l'occupant(e)		C School Support (see instructions) Soutien scolaire (voir les instructions)					
A Resident (Please print) / Résident(e) (S.V.P.) List all occupants, including ALL children. Inscrivez le nom de tous les occupants, y compris TOUS les enfants.		1. Owner <i>Propriétaire</i>	This person lives: <i>Cette personne demeure :</i>	Roman Catholic? <i> catholique?</i>	French-language Education Rights? <i>Droit à l'enseignement en langue française?</i>	Supporter/Elector for: <i>Contributeur/électeur des écoles :</i>			
		2. Tenant <i>Locataire</i>	1. at above address <i>à l'adresse indiquée ci-dessus</i>						1. English-Public <i>Publiques de langue anglaise</i>
Last Name / Nom de famille First / Prénom(s)		3. Spouse <i>Conjoint</i>	2. elsewhere on this property <i>ailleurs sur cette propriété</i>	yes <i>oui</i>	yes <i>oui</i>	2. English-Separate <i>Séparées de langue anglaise</i>			
		4. Child, boarder etc. <i>Enfant, pensionnaire etc.</i>	3. elsewhere in this municipality <i>ailleurs dans cette municipalité</i>						3. French-Public <i>Publiques de langue française</i>
male <i>homme</i>		Birth / Naissance year / année month / mois day / jour	Canadian Citizen <i>Citoyen canadien</i>	yes <i>oui</i>	yes <i>oui</i>	4. French-Separate <i>Séparées de langue française</i>			
									female <i>femme</i>
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