BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD
PO Box 217, 322 Fairview Drive, Brantford, ON N3T 5M8
Phone: 519-756-6369 Fax: 519-756-9913

PRINT STUDENT'S NAME

_____
Last Name First Name

DOCUMENTATION REQUIRED TO PROCESS YOUR APPLICATION: 2021-2022

MANDATORY

- ☐ Completed *Student Registration Form—Secondary*
- ☐ Copy of proof of age (ie, birth certificate, passport)
- ☐ Copy of proof of residency (ie, utility bill, rental agreement, bank/credit card statement, property tax bill, phone/cable/internet bill. Note: driver's licence and cell phone bills are not accepted)
- ☐ $55.00 Activity Fee—to be paid via SchoolCashOnline once student is in attendance (https://bhncdsb.ca.schoolcashonline.com)
- ☐ Transcript from previous high school(s)
- ☐ Status Sheet / Credit Counsellor Summary from previous high school(s)
- ☐ Attendance Report from previous high school(s)
- ☐ Most recent Report Card from previous high school
- ☐ OSSLT (Ontario Secondary School Literacy Test) successfully completed: ❑ yes ❑ no
- ☐ Completed and signed *Medical Alert Form* (if not applicable, write *n/a* on form, sign, and date the form)
- ☐ Signed *Notice of Collection and Use of Personal Information* form
- ☐ Signed *Student Information and Communication Technology Use Agreement*
- ☐ Completed and signed *CWOSSA Transfer Policy Appeal Form*
- ☐ Completed and signed *Application for Direction of School Support* and *Separate School Assessment Lease* (if applicable)
- ☐ Signed *Concussion Awareness Procedure*

WHERE APPLICABLE

- ☐ Proof of custody (ie, Court order) Legal Custodian is: _____

Crown Ward: ☐ yes ☐ no
Society Ward: ☐ yes ☐ no
Temporary Care/Custody: ☐ yes ☐ no

- ☐ Copy of IEP (Individual Education Plan) and/or IPRC (Individual Placement Review Committee) Report
- ☐ Completed and signed *Transportation Request Form*
- ☐ Copy of Immunization Record if registering from outside of Brant—submit to Brant County Health Unit (www.bchu.org)

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

- ☐ Proof of Citizenship (ie, Canadian Passport, Permanent Resident Card/Certificate, Landed Immigrant Status Papers)
- ☐ Copy of Immunization Record—submit to Brant County Health Unit (www.bchu.org)

IF YOU LIVE OUTSIDE OF THE SCHOOL CATCHMENT BOUNDARY:

☐ Completed ***Application for Out of School Boundary Attendance*** form. To confirm the school designated for your place of residence, call the Brant Haldimand Norfolk Catholic District School Board Transportation Department at 519-751-7532 or visit *www.bhncdsb.ca*; *Schools*; *My School Locator*

REGISTRATION PACKAGE MUST BE PROVIDED TO A VICE-PRINCIPAL FOR REVIEW

OFFICE USE ONLY:

Administrator's Signature: _____ ☐ Admit ☐ Do Not Admit

Recommendations: _____
_____

Date of Entry: _____

OFFICE USE ONLY:

_____ seen by ACS Guidance Secretary _____ seen by ACS Office Co-Ordinator _____ seen by ACS SAS Secretary