



Assumption College School

257 Shellard Lane, Brantford, Ontario N3T 5L5
Telephone (519) 751-2030 • Fax (519) 751-0125
E-mail: acs@bhncdsb.ca

WELCOME TO ASSUMPTION COLLEGE

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

We are a Catholic educational community offering a very high standard of education based on Catholic values. Our entire curriculum reflects Catholic beliefs and we celebrate the Word of the Lord on a daily basis. Your decision to choose a Catholic education for your child should be made knowing who we are, what we are about and that we expect full participation in our program.

We take great pride in the fact that we are able to bring a spiritual dimension to our highly successful academic program. We welcome all future students and we expect them to fully participate in all aspects of our Catholic Curriculum.

We hope to have the opportunity to educate and inform your family in our Catholic learning environment.

I look forward to discussing this with you.

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
2. Freedom of Information and Consent Form
3. Student Information and Communications Technology Use Agreement
4. School Messenger Safe Arrival Form
5. Application for the Direction of School Support (if applicable)
6. Separate School Assessment Lease (if applicable)
7. Application for the Enrolment of Non-Catholic Students (if applicable)
8. Application for Outside School Boundary Attendance (if applicable)
9. Application for Outside of Board Jurisdiction 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
- 2018-2019 Activity Fee. **CASH ONLY**
- 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: _____

ASSUMPTION COLLEGE SCHOOL MISSION STATEMENT

**Assumption College School
is our Catholic learning community
where we strive for excellence
and we work to become respectful,
responsible individuals
who are ready to serve our world
in the spirit of Christ.**

Assumption College School is a Catholic learning community. The community consists of students, faculty, staff and parents, all sharing a common vision - a vision based on Catholic values and practices. As lifelong learners, we strive to achieve excellence. We recognize that as we journey together as Christians, we promote mutual respect and we serve the needs of each other. This perception of ourselves creates a community which respects the rights and responsibilities of each of its members.

The administration of Assumption College School extends an open invitation to all parents, guardians and students to discuss problems which may arise from time to time concerning the behavioural expectations of the School community. It will always be the intent of our School to seek the cooperation of staff, students and parents as we find solutions which will meet the needs of each individual.



Notice of Collection and Use of Personal Information

Consent Form

Dear Parent/Guardian, Student 18+ Years, Community Members:

The Municipal Freedom of Information and Protection of Privacy Act sets guidelines that Boards of Education must adhere to when protecting the personal information of their students. The Act requires that students, and parent/guardians of students under the age of 18, be informed of the uses, disclosures and maintenance of their personal information and that they be given the opportunity to make inquiries about the same.

Personal Information includes but may not be limited to a student's first and last name, address, telephone number, email address, student number, student's three-letter identification, school name and grade.

During the school year, you or your child(ren) will be involved in a variety of school related activities and events consistent with the purpose of educating students in accordance with the Education Act. We bring to your attention the following areas that you and/or your child's personal information may be revealed **without notification to you.**

Under the authority of the Education Act, personal information may be disclosed:

- To volunteers and bus operators for the purpose of making contact during an emergency, such as inclement weather situations, etc.;
- To School Councils for communication purposes;
- With the offices of a Member of Parliament and/or a Member of Provincial Parliament for the purpose of the student receiving a congratulatory letter;
- With the Health Units, for the purpose of "establishing and maintaining a school health record according to the Health Protection and Promotion Act and Immunization of School Pupils Act". Medical information may be shared with parent volunteers and bus operators when relevant (i.e. on a school trip);
- OSBIE (Ontario School Board Insurance Exchange) in the event of an accident or witness to one;
- OFSAA (Ontario Federation of Secondary Athletic Association) for students that express a desire to participate in school athletics.

Third party contractors sign a confidentiality clause that states that personal information disclosed to them may only be used for the purpose that it was collected and no other purpose. Personal information may be shared with third party contracts such as:

- School Photographers;
- The Student Transportation Service – Brant Haldimand Norfolk and their contracted Bus Companies;
- A Computer Service Company for the purpose of troubleshooting computer software, specifically the Student Administration Software;
- Third party providers of online teaching tools requiring class lists to create student accounts.

Other instances when personal information may be disclosed:

- Student work (only) with their first name and last initial and possibly grade level, may be displayed in the classroom or school hallways, or may be shared with the public through science fairs, art projects, bulletin board displays, school newspapers, Board Publications and at the Catholic Education Centre;
- Class lists with students' first name and last initial only, may be distributed to other parents for addressing greeting cards or invitations about Halloween, Christmas, Valentine's Day, birthday parties, etc.;
- The media may be invited to the school to take video or photographs and write articles about achievements, graduations or special events, as part of the school's communication plan to share newsworthy events that occur at the school and/or Board;
- Students may be audiotaped, videotaped or photographed **by staff for assessment purposes.** All records will be retained/deleted/destroyed, safely and timely, in accordance to the Board's file retention guidelines;



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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.



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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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Dear Parent/Guardian:

As you may be aware, *Ryan's Law, 2015*, was recently passed by the Ontario Legislature. This piece of legislation is an important step to support the well-being of students with asthma in Ontario schools.

Over the course of the next school year, the Brant Haldimand Norfolk Catholic District School Board will be working to implement the requirements of this legislation. By the next school year, a more formal process to identify students with asthma and their asthma medication will be put into place to better support the needs of your child.

In the meantime, if your child has asthma, we ask that you immediately contact the main office of the school to provide information about your child's asthma medication. With your permission, your child will be allowed to carry their asthma medication. The below information will need to be completed and returned to the main office.

The Ministry of Education website has resources on asthma that can be found at:
<http://www.edu.gov.on.ca/eng/healthyschools/anaphylaxis.html>.

If you have any questions, please do not hesitate to contact me directly.

Sincerely,

Greg Picone, Principal

Consent for Students Under the Age of 16 Years to Carry Asthma Medication

I, _____, give my child, _____
(Parent/Guardian name – please print) (Child's name - please print)

permission to carry his/her prescribed asthma medication as per Ryan's Law, 2015 and the Request and Authorization for the Administration of Medication at School Form (www.bhncdsb.ca/sites/board/files/resources/Policy_200_19.pdf). I have informed my child to notify the principal or designate(s) should he/she be required to use prescribed asthma medication.

My child can self-administer his/her asthma medication

Parent/Guardian Signature: _____ Date: _____

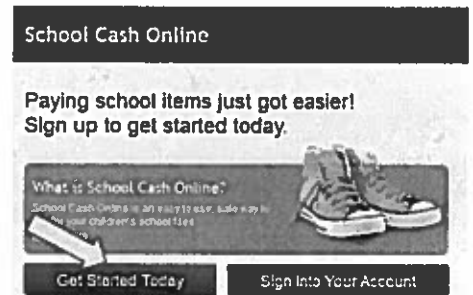


For safety and efficiency reasons, Assumption College School would like to reduce the amount of Cash & Cheques coming into our school. Please join the thousands of parents who have already registered and are enjoying the convenience of paying ONLINE! It takes less than 5 minutes to register. Please follow these step-by-step instructions, so you will begin to receive email notifications regarding upcoming events involving your child(ren).

NOTE: If you require assistance, select the GET HELP option in the top right hand corner of the screen.

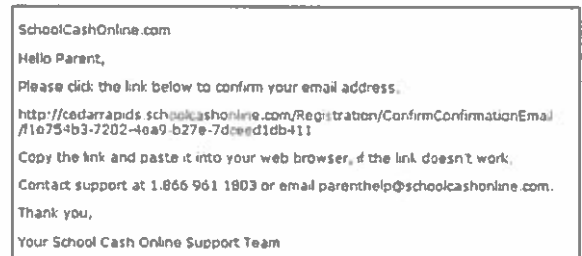
Step 1: Register

- a) If you have not registered, please go to the *School Cash Online* home page <https://bhncdsb.schoolcashionline.com/> and select the "Get Started Today" option.
- b) Complete each of the three Registration Steps
*For Security Reasons your password, requires **8 characters**, **one uppercase** letter, **one lowercase** letter and a **number**.



Step 2: Confirmation Email

A registration confirmation email will be forwarded to you. Click on the link provided inside the email to confirm your email and School Cash Online account. The confirmation link will open the School Cash Online site prompting you to sign into your account. Use your email address and password just created with your account.



Step 3: Find Student

Note: Student Number is Not Required

This step will connect your children to your account.

- a) Enter the School Board Name
- b) Enter the School Name
- c) Enter Your Child's Name & Birth Date
- d) Select *Continue*
- e) On the next page confirm that you are related to the child, check in the Agree box and select *Continue*
- f) Your child has been added to your account

Find Student

School Information

School Board Name: School Board 1575
Looking for a student in a different school board?

School Name: Eagle High School

Student Information

Do you have the student number?

Student Number:

First Name:

Last Name:

Birth Date:
Date format: mm-dd-yyyy

Continue (No students? [Click here](#))

Step 4: View Items or Add Another Student

If you have more children, select "Add Another Student" option and repeat the steps above. 5 children can be added to one parent account.

If you do not wish to add additional children, select "View Items For Students" option. A listing of available items for purchase will be displayed.

Assumption College Clubs and Activities

Badminton - February

Girls/Boys Hockey - Nov. - Feb.

Boys/Girls Basketball - Sept. - Nov.

Boys/Girls Rugby - May

Track & Field - May

Boys/Girls Volleyball - Sept. - Nov.

Jr. & Sr. Football - September

Figure Skating - February

Soccer - March

Golf - September, October

Girls curling - January

Boys Baseball - April, May

Tennis - October

Lacrosse

New to ACS and interested in playing a team sport? Make sure to complete and submit an OFSAA Transfer Form (found under the "Student Life/Athletics" tab on the ACS website)

Student Council - Year round

Campus for Christ - Bi-weekly

Environment Club - Weekly

French Club - Monthly

Vocal Ensemble - Year round

Drama Club - Yearly

Music Ministry - School Masses

School Magazine - Weekly

Yearbook Club - Year round

Voxy (vocal jazz group) - Nov.—May

Health Club

Concert & Intermediate Band - Year round

Best Buddies - Year round

Auto Club - Year round

Prefects - Bi-weekly

First Nations Advisory Committee

Social Justice - Bi-weekly

Book Club - Weekly

Mission Trips

STEM

Board Games Club - Weekly

Look what ACS has for you!