



# 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 ask that you respect what we have worked decades to construct. If our offerings do not suit the needs of your child and family you have other publicly funded schools from which to choose.

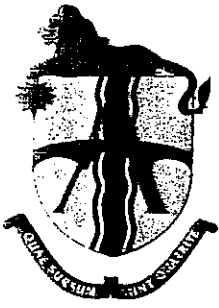
We hope to have the opportunity to educate and inform your family in our Catholic environment.

I look forward to discussing this with you.

Yours truly,

A handwritten signature in black ink, appearing to read 'Greg Picone'.

Greg Picone,  
Principal.



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Telephone (519) 751-2030 • Fax (519) 751-0125  
E-mail: [acs@bhncdsb.ca](mailto:acs@bhncdsb.ca)

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 Internet Ethics and Acceptable Use Policy Agreement
4. Application for the Direction of School Support
5. Separate School Assessment Lease (if applicable)
6. Application for Non-Catholic Students (if applicable)
7. Application for Out of School Boundary Attendance (if applicable)
8. 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](http://www.bhncdsb.ca)

Sincerely,

Greg Picone,  
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
- 2016-2017 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](http://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: \_\_\_\_\_

Entry Date to Canada: : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Province of Birth: \_\_\_\_\_

Citizenship Status:

Canadian  Permanent Resident (Landed Immigrant)  Visa/Other  Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Native Ancestry:

Six Nations Band Member  New Credit Band Member  Resident of Reserve

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	Name	Relationship	Phone Number(s)
			Home: Cell:
Emergency Contact #2	Name	Relationship	Phone Number(s)
			Home: Cell:
Emergency Contact #3	Name	Relationship	Phone Number(s)
			Home: Cell:

## MEDICAL INFORMATION:

Please complete the attached medical form.

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 been through 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: \_\_\_\_\_

Is your child presently involved in a Specialized High Skills Major? Yes  No

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

General comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, 1990:

*Notice of Collection: In accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. This information is collected under the legal authority of Section 265(1)(d) of the Education Act, R.S.O. 1990 c. E.2 as amended, and may be used as necessary for some or all of the following principle administrative purposes related to: the Board's operation, school programs and educational services, student records, and Ministries of the Government of Ontario. 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)*

*Student personal information is collected during registration and while attending school pursuant to the Education Act. As students progress from elementary school to secondary school, important information is shared which eases a student's transition to secondary school. Sharing it also improves our ability to program effectively to the benefit of all students. Select student information will be shared at different times as required. It will be used for planning and programming, school to home communications, and to establish the Ontario Student Record which contains information conducive to the improvement of instruction. This is authorized under the Education Act. Please note that all information used for the transition process is limited, secure and protected at all times. Please contact a Coordinating Superintendent of Education if you would like more information about the transition process by calling 519-756-6505.*

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;

- Student/family names and contact information may be shared with the **local parish** or **diocese** for the purpose of communicating information such as details of **sacramental preparation**, etc.;
- **Photographs and videos of students** (with their first names and grade) and **community members**, collectively or individually, may be taken by the Brant Haldimand Norfolk Catholic D.S.B. staff and/or professional photographers that have been approved by the Board and may be used in the following manner:
  - **Bulletin boards** that are displayed in the classroom and in school hallways;
  - **School yearbooks**, school newsletters, or for school identification purposes;
  - **During classroom activities**, open house or parents' night, etc.;
  - **Course calendars, presentations and other Board and School Publications;**
  - **In local newspapers and on local television;**
  - **On the BHNCD SB and school websites, Twitter accounts or other social media accounts (images and possibly first name only);**
  - **On some school buses**, to monitor student behavior.

**Internet:** Students have been instructed not to disclose personal information over the Internet. Parents should be sure to read the *Electronic Communications and Social Media Use Policy* that can be found on the Board's website and the *Student Information and Communications Technology Use Agreement* that is distributed by the school, and each student is required to sign.

**Parents/guardians/community members and staff taking pictures/video at events:**

We recognize that **parents, guardians, community members and staff may wish to take photos/video at school events; however, it is important to be aware that any images/video captured cannot be shared in public or posted on the Internet, including any social media (such as Facebook, Twitter, etc.) without the expressed written consent of all the other students, parents/guardians, community members and staff members in the photo/video.**

**I have read and understand the information provided on this form. I consent to the use and disclosure of my or my child(ren)'s personal information as described.**

Date (month, day, year): \_\_\_\_\_

Consent for the sharing of personal information of: \_\_\_\_\_  
*(please print student, community member name)*

Name of parent/guardian/person of authorization: \_\_\_\_\_  
*(please print parent/guardian/person of authorization name – must be over 18 years of age)*

Signature: \_\_\_\_\_

**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)*





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DISTRICT SCHOOL BOARD**

P.O. Box 217, 322 Fairview Drive, Brantford ON N3T 5M8  
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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 BHNCDSB 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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DISTRICT SCHOOL BOARD**

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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	PARCE	MAPSUB

**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)

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 nom, C.P., R.R.				City / Ville		Province	Country / Pays
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.

<b>School Board Use Only / Réserve au conseil scolaire</b>		<b>B Occupancy Status / Statut de l'occupant(e)</b>		<b>C School Support (see instructions) / Soutien scolaire (voir les instructions)</b>									
<b>A Resident (Please print) / Résident(e) (S.V.P.)</b> List all occupants, including ALL children. Inscrivez le nom de tous les occupants, y compris TOUS les enfants.		1. Owner / Propriétaire 2. Tenant / Locataire 3. Spouse / Conjoint 4. Child, boarder etc. / Enfant, pensionnaire etc.		This person lives: / Cette personne demeure : 1. at above address / à l'adresse indiquée ci-dessus 2. elsewhere on this property / ailleurs sur cette propriété 3. elsewhere in this municipality / ailleurs dans cette municipalité 4. in another municipality / dans une autre municipalité		Roman Catholic? / catholique? French-language Education Rights? / Droit à l'enseignement en langue française?		Supporter/Elector for: / Contribuable/électeur des écoles : 1. English-Public / Publiques de langue anglaise 2. English-Separate / Séparées de langue anglaise 3. French-Public / Publiques de langue française 4. French-Separate / Séparées de langue française					
Last Name / Nom de famille		First / Prénom(s)											
male / homme <input type="checkbox"/> female / femme <input type="checkbox"/>		Birth / Naissance year / année month / mois day / jour		Canadian Citizen / Citoyen canadien yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
male / homme <input type="checkbox"/> female / femme <input type="checkbox"/>		Birth / Naissance year / année month / mois day / jour		Canadian Citizen / Citoyen canadien yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
male / homme <input type="checkbox"/> female / femme <input type="checkbox"/>		Birth / Naissance year / année month / mois day / jour		Canadian Citizen / Citoyen canadien yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
male / homme <input type="checkbox"/> female / femme <input type="checkbox"/>		Birth / Naissance year / année month / mois day / jour		Canadian Citizen / Citoyen canadien yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
male / homme <input type="checkbox"/> female / femme <input type="checkbox"/>		Birth / Naissance year / année month / mois day / jour		Canadian Citizen / Citoyen canadien yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		yes / oui <input type="checkbox"/> no / non <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
School lease in effect? / Procuration scolaire signée? Indicate / Cocher <input type="checkbox"/>		indicate (✓) area occupied: / Cocher les parties occupées: Whole House / Maison entière <input type="checkbox"/> Base Apt. / App. au sous-sol <input type="checkbox"/> 1st Floor / 1 <sup>er</sup> étage <input type="checkbox"/> 2nd Floor / 2 <sup>e</sup> étage <input type="checkbox"/> 3rd Floor / 3 <sup>e</sup> étage <input type="checkbox"/>		Owner or tenant of this property since / Propriétaire ou locataire de la propriété depuis la Date Day / Jour Month / Mois Year / Année									
Name of School Board/Agent / Nom du conseil scolaire/agent		Is hereby authorized to act as agent in matters of school support designation in respect to the above mentioned property(ies) on behalf of the undersigned. / est autorisé par la présente à agir en tant qu'agent pour les questions relatives à l'affectation des taxes scolaires en ce qui concerne la (les) propriété(s) mentionnée(s) ci-dessus au nom du (de la) soussigné(e).											
Signature of Owner or Tenant / Signature du propriétaire ou du locataire		Date Day / Jour Month / Mois Year / Année		Signature of Owner or Tenant / Signature du propriétaire ou du locataire		Date Day / Jour Month / Mois Year / Année							
This Application is: / Cette demande est: <input type="checkbox"/> Approved / Approuvée <input type="checkbox"/> Refused / Rejetée		Reason for Refusal: / Motif du refus:		Signature of Assessment Commissioner / Signature du commissaire à l'évaluation		Date Day / Jour Month / Mois Year / Année							
For School Board Use Only / Réserve au conseil scolaire													

## Information About This Application

The Application for Direction of School Support form enables any person to apply to have their school support included or revised on the assessment roll by sending the completed form to the Regional Assessment Commissioner. The collection of the information on the form is authorized under the Assessment Act, and any personal information is confidential and protected under the Freedom of Information and Protection of Privacy Act.

The information will be used to direct your school taxes; to prepare voters' lists for municipal and school board elections; to help with municipal and school board planning. Note: Tenants have the right to direct school taxes even though they may not pay taxes directly.

Included below are instructions to help you complete each section of the form. If you have any questions about this form or about school support, please contact your local Public or Separate School Board.

### How To Complete This Application

#### A Resident

Every person in your household should be listed. Put the family name first, followed by given name(s). Owners or tenants are listed first, followed by spouses, all children, and other occupants. If this form is not for your permanent home (for example, if it is for your cottage or your business), only owners, tenants and spouses should be listed - children and other occupants should not be listed.

#### B Occupancy Status

Is this person an owner, tenant, spouse, child, boarder or other resident? Note: A Roman Catholic who has signed a separate school lease will be shown as a tenant. This does not affect their ownership.

#### C School Support

**Roman Catholic** - includes Greek and Ukrainian Catholics

##### French-language Education Rights

You have French-language education rights if you are a Canadian Citizen and can answer "yes" to any one of the following questions:

1. Is French the language you first learned and still understand?
2. Did you receive your elementary school instruction in Canada in French? (This does not include French immersion or French as a second language.)
3. Have any of your children received, or are they now receiving, elementary or secondary school instruction in Canada in French? (This does not include French immersion or French as a second language.)

##### School Board

Persons who are not Roman Catholic and do not have French-language education rights, must be English-Public school supporters/electors.

Persons who are not Roman Catholic but do have French-language education rights, must be either English-Public or French-Public school supporters/electors.

Roman Catholics who do not have French-language education rights must be either English-Public or English-Separate school supporters/electors.

Roman Catholics who have French-language education rights, may be a supporter/elector for any one of the following school boards: English-Public, English-Separate, French-Public or French-Separate.

If you do not indicate which school board you support, it will be assumed that you are an English-Public school supporter/elector.

## Renseignements sur la demande

La Demande d'affectation des taxes scolaires, dûment remplie et envoyée au commissaire régional à l'évaluation, permet à quiconque de demander de préciser ou modifier son soutien scolaire sur le rôle d'évaluation. Ces renseignements sont recueillis en vertu de la Loi sur l'évaluation foncière et toute information personnelle sera tenue strictement confidentielle et protégée par la Loi sur l'accès à l'information et la protection de la vie privée.

Ces renseignements serviront à déterminer la destination de vos taxes scolaires; à préparer les listes électorales aux fins des élections municipales et scolaires; à faciliter la planification scolaire et municipale. Nota : Même s'ils n'acquittent pas directement leurs taxes scolaires, les locataires ont le droit d'en choisir l'affectation.

Voici quelques directives qui vous aideront à remplir chacune des sections du formulaire. Si vous avez des questions concernant le formulaire ou le soutien scolaire, adressez-vous au conseil d'écoles publiques ou séparées de votre localité.

### Comment remplir la demande

#### A Résident(e)

Chaque occupant doit être recensé : le nom de famille d'abord, suivi de tous les prénoms; assurez-vous aussi que le sexe, la date de naissance et la citoyenneté de chaque personne sont bien inscrits. Les noms de famille inscrits en premier sur la liste doivent être ceux des propriétaires ou locataires suivis de ceux du conjoint, de tous les enfants et de tout autre occupant de la propriété. Si le formulaire ne concerne pas votre domicile permanent (un chalet ou un bureau par exemple), seuls les noms du propriétaire ou du locataire et du conjoint doivent figurer sur la liste. N'inscrivez pas les enfants et autres occupants.

#### B Statut de l'occupant(e)

La personne est-elle : propriétaire, locataire, conjoint, enfant, pensionnaire, ou autre? Nota : Un(e) propriétaire catholique qui a signé un «bail d'école séparée», sera classifié(e) comme «locataire». Cela ne modifie aucunement le statut de propriétaire de cette personne.

#### C Soutien scolaire

**Catholique** - comprennent aussi les catholiques grecs ou ukrainiens

##### Droit à l'enseignement en langue française

Vous avez droit à l'enseignement en langue française si vous êtes citoyen(ne) canadien(ne) et que vous pouvez répondre «oui» à n'importe laquelle des questions suivantes :

1. Le français est-il la première langue que vous avez apprise et le comprenez-vous toujours?
2. Avez-vous fait vos études primaires en français au Canada? (Cela n'inclut pas les programmes d'immersion ou de français langue seconde.)
3. Avez-vous un ou des enfants qui ont fait ou qui font des études primaires ou secondaires en français au Canada? (Cela n'inclut pas les programmes d'immersion ou de français langue seconde.)

##### Conseil Scolaire

Toute personne d'allégeance non catholique et qui ne jouit pas du droit à l'enseignement en français doit élire un(e) conseiller(ère) et doit destiner ses taxes scolaires à un conseil d'écoles publiques de langue anglaise.

Toute personne d'allégeance non catholique mais qui jouit du droit à l'enseignement en français doit élire un(e) conseiller(ère) et doit destiner ses taxes scolaires à un conseil d'écoles publiques de langue anglaise ou française.

Les catholiques qui ne jouissent pas du droit à l'enseignement en français doivent élire un(e) conseiller(ère) et doivent destiner leurs taxes scolaires soit à un conseil d'écoles publiques de langue anglaise, soit à un conseil d'écoles séparées de langue anglaise.

Les catholiques qui jouissent du droit à l'enseignement en français ont le choix d'élire un(e) conseiller(ère) et ont le choix de destiner leurs taxes scolaires à l'un ou l'autre des conseils scolaires, à savoir écoles publiques de langue anglaise, écoles séparées de langue anglaise, écoles publiques de langue française ou écoles séparées de langue française.

Si vous ne confirmez pas votre préférence en matière de soutien scolaire, vous devrez élire un(e) conseiller(ère) et vos taxes scolaires seront destinées au conseil d'écoles publiques de langue anglaise.



**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

**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:	
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Street Address:	
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City/Town:		Postal Code:	
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Home Telephone:		Cell Phone:	
-----------------	--	-------------	--

Email Address:	
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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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## ACKNOWLEDGEMENTS AND ATTESTATIONS

- ✓ I attest that the primary motivation for enrolling my child/children in a Catholic school is to obtain a Catholic education (not for family convenience or because of friction with school authorities from other school systems).
- ✓ I understand that the enrolment of my child/children is subject to annual review by the principal of the school.
- ✓ I understand that the application is subject to availability of facilities, space and transportation.
- ✓ I understand that the application is subject to the availability of special education services and programs (if applicable).
- ✓ I understand that I can only enroll my child/children in schools that are in the boundary corresponding with my residence.
- ✓ I understand that all students are required to adhere to the school and board's code of conduct.
- ✓ I agree to enroll all my children in the school for which I am making application.
- ✓ I agree to designate my tax support to the English-Catholic school system, if applicable.
- ✓ I understand that all students are required to participate fully in the Religion and Family Life programs as well as the school and board based religious activities and celebrations.

I understand and agree to all of the abovementioned acknowledgements and attestations.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TO BE COMPLETED BY THE SCHOOL PRINCIPAL

Name of Principal: \_\_\_\_\_

The following checklist shall be completed by the school principal prior to filing the application with the school superintendent:

- Review abovementioned acknowledgements with the applicant.
- Collect a copy of proof of tax support for the English Catholic school system, if applicable.
- Verify that the applicant is in the boundary of the school.
- Review the school/board Code of Conduct with the applicant.
- Review the Religion and Family Life program as well as the plans for religious activities with the applicant.
- Verify that the applicant intends on enrolling all of their elementary school-aged children in the school.
- Verify that there is available facilities, space and transportation for the applicant's children.
- Collect a copy of all special education documentation that demonstrates a need for special education support.

I have completed the above-mentioned checklist and am forwarding the application to the school superintendent for consideration.

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY THE SCHOOL SUPERINTENDENT

Approved  Denied

Comments: \_\_\_\_\_

Signature of Superintendent of Education: \_\_\_\_\_ Date: \_\_\_\_\_

Copy Distribution: Receiving School (OSR) Parent/Guardian

## 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)



# Assumption College School

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

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](http://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: \_\_\_\_\_

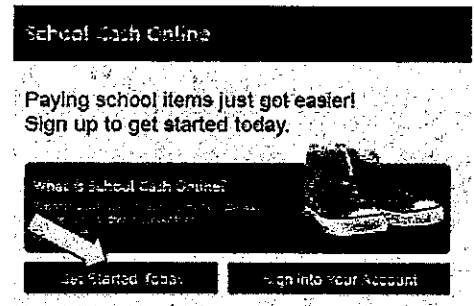


For safety and efficiency reasons, Assumption College School would like to reduce the amount of Cash & Cheques coming into our school. Please join the thousands of parents who have already registered and are enjoying the convenience of paying ONLINE! It takes less than 5 minutes to register. Please follow 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.

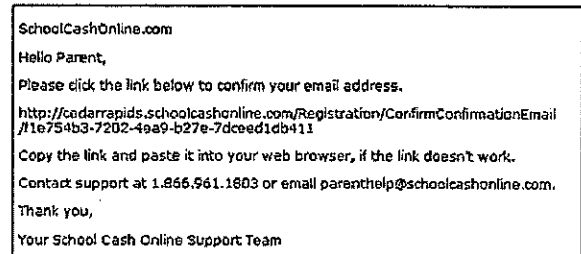
### Step 1: Register

- 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

(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.