



Toronto Catholic District School Board

Student Application Form

Student Information							Application Received
	Surname	First Name	Middle Name				Interview
Legal Name:							(Date and Time)
Preferred First Name:							<input type="checkbox"/> Completed
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date:		<input type="checkbox"/> Entering elementary school for the first time			Decision
		YYYY MM DD					<input type="checkbox"/> Accepted <input type="checkbox"/> Waitlisted <input type="checkbox"/> Not Accepted
Country of Birth:							(Date and Time)
Primary Language Spoken Most Often at Home:							----- Reason
Ontario Education Number:							
Address:							Proof of Date Birth
Number	Street Name	Unit	City	Province	Postal Code	Country	<input type="checkbox"/> Proof of Birth Certif. <input type="checkbox"/> Other _____
							Proof of Address
							<input type="checkbox"/> Current Agreement of Purchase and Sale <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Current Property Tax Bill <input type="checkbox"/> Home Phone/Cable/Internet Bill <input type="checkbox"/> Other: Please specify: _____
Phone Number:							Unlisted
			Area Code	Phone Number			<input type="checkbox"/>
Home (Primary) Contact Phone Number							Note: *Driver's license is not acceptable for audit purposes.

School Information

This application form does not guarantee registration. Once the form has been completed please schedule a meeting with representatives of the School to finalize registration. Please note that the application is complete and a child is considered pre-registered when all the following steps have been satisfied:

- The S.O.A.R. application is completed.
- A meeting between the parent/guardian and school has taken place.
- All original documentation has been provided to the school within a specified period of time.
- The school has confirmed pre-registration within the S.O.A.R. application.
- The school has contacted the parent/guardian and informed them that the pre-registration process is complete.

Proposed Date to attend:	Grade:
Program: (Check All That Apply) <input type="checkbox"/> Regular <input type="checkbox"/> Eastern Rite <input type="checkbox"/> French Immersion <input type="checkbox"/> Extended French	
Siblings under the age of 4 as of December 31, 2019 <input type="checkbox"/>	

Surname	First Name	Birth Date	Gender



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Community School (Regular Program)

School:

Please list siblings currently attending junior kindergarten to grade 7 at the registered school.

Surname	First Name	Birth Date	Gender

Out-of-Boundary (Regular Program)

School:

The student will be placed on a wait list for the School. You will be contacted only if there is availability (available space).

Please list siblings currently attending junior kindergarten to grade 7 at the registered school.

Surname	First Name	Birth Date	Gender

You are making an Out-of-Boundary request because of proximity to child care I have for September

The child care is licensed.

Explain the reason for requesting an Out-of-Boundary school.
(Please complete the reason for requesting an Out-of-Boundary school in English.)



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Parents Contact Information

Surname _____ First Name _____ Gender: _____ Relationship to Student _____ Order of Contact in case of Emergency **1**

Address: Same Address as student

Number _____ Street Name _____ Unit _____ City _____ Province _____ Postal Code _____ Country _____

Phone Number:

Phone Type	Area Code	Phone Number	Ext.	Unlisted
*Home (Primary) Phone Number				<input type="checkbox"/>
Business Phone Number				<input type="checkbox"/>
Mobile Phone Number				<input type="checkbox"/>
Second Mobile Phone Number				<input type="checkbox"/>

eMail

Primary

Secondary

Please check all that apply :

Student Access

- Guardian
- Legal Custody
- If legal custody is not checked Restricted by court order to access the student records
- Resides with the Student:

Parent/Guardian Catholicity

- Roman Catholic (includes all churches in communion with the Holy See)
- Request communications from the school

Pick-up on:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday



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Student Application Form

Parents Contact Information

Surname First Name Gender: Relationship to Student Order of Contact in case of Emergency

2

Address: Same Address as student

Number Street Name Unit City Province Postal Code Country

Phone Number:

Phone Type	Area Code	Phone Number	Ext.	Unlisted
*Home (Primary) Phone Number				<input type="checkbox"/>
Business Phone Number				<input type="checkbox"/>
Mobile Phone Number				<input type="checkbox"/>
Second Mobile Phone Number				<input type="checkbox"/>

eMail

Primary

Secondary

Please check all that apply :

Student Access

- Guardian
- Legal Custody
- If legal custody is not checked Restricted by court order to access the student records
- Resides with the Student:

Parent/Guardian Catholicity

- Roman Catholic (includes all churches in communion with the Holy See)
- Request communications from the school

Pick-up on:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday



Toronto Catholic District School Board

Student Application Form

Emergency Contact Information

Surname	First Name	Gender:	Relationship to Student	Order of Contact in case of Emergency
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3

Address: Same Address as student

Number	Street Name	Unit	City	Province	Postal Code	Country
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Phone Number:

Phone Type	Area Code	Phone Number	Ext.	Unlisted
*Home (Primary) Phone Number				<input type="checkbox"/>
Business Phone Number				<input type="checkbox"/>
Mobile Phone Number				<input type="checkbox"/>
Second Mobile Phone Number				<input type="checkbox"/>

Has permission to pick-up your child from school

Pick-up on:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Pickup Contact Information

Surname	First Name	Gender:	Relationship to Student	Order of Contact in case of Emergency
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4

Address: Same Address as student

Number	Street Name	Unit	City	Province	Postal Code	Country
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Phone Number:

Phone Type	Area Code	Phone Number	Ext.	Unlisted
*Home (Primary) Phone Number				<input type="checkbox"/>
Business Phone Number				<input type="checkbox"/>
Mobile Phone Number				<input type="checkbox"/>
Second Mobile Phone Number				<input type="checkbox"/>

Has permission to pick-up your child from school

Pick-up on:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday



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Religion Verification

Please check all that apply:

<p>Student:</p> <p><input type="checkbox"/> Baptized Catholic (includes all churches in communion with the Holy See)</p> <p><input type="checkbox"/> Registered or completed Rite of Christian Initiation of Children (RCIC)</p> <p><input type="checkbox"/> Baptismal Certificate</p> <p>Date of Baptism</p> <hr/> <p>Name of Parish</p> <hr/> <p>City or Country</p>	<p>Parent:</p> <p><input type="checkbox"/> Either parent/guardian are baptized Catholic (includes all churches in communion with the Holy See)</p> <p><input type="checkbox"/> Does the catholic custodial parent/guardian live in the City of Toronto?</p> <p><input type="checkbox"/> The custodial parent/guardian residing in the City of Toronto have a Baptismal Certificate</p>
<p><input type="checkbox"/> Participated in Reconciliation and First Communion</p> <p>Date</p> <p>Name of Parish</p> <hr/> <p><input type="checkbox"/> confirmed</p> <p>Date</p> <p>Name of Parish</p>	



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Student Application Form

Medical Information

Medical Conditions:

Medical Diagnosis:

Please check all that apply.

- Has a potentially life-threatening medical condition that the school should be aware of
- Requires the administration of oral medication in an emergency
- Requires the administration of an injection in an emergency
- Requires the administration of other medication in an emergency



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Student Application Form

Special Education Needs For Students Attending School For The First Time

Complete this section if your child is entering school for the first time. Please indicate your child's needs or your concerns (e.g. medical, physical, emotional, social, behavioural, language).

Supporting documentation can be provided

Special Education Needs For Students Attending a Previous Elementary School

Complete this section if your child has attended school

Exceptionality classifications differ provincially and internationally, with some locations having no specific categories for exceptionalities. Please select all exceptionalities that apply to your child.

- | | | |
|--|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behavioural | <input type="checkbox"/> Blind and Low Vision |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Giftedness |
| <input type="checkbox"/> Language Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mild Intellectual Disability |
| <input type="checkbox"/> Multiple Exceptionalities | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Speech Impairment |

Comment:

Supporting documentation can be provided

Has your child been referred to an Identification, Placement, and Review Committee (IPRC)?

Date of Last Identification, Placement, and Review Committee (IPRC) Meeting: _____
YYYY MM DD

Does your child have an Individual Education Plan?

Does your child have Special Equipment Amount (SEA) computer/laptop equipment?

Does your child use assistive technology or assistive/adaptive devices/equipment in the classroom?

List assistive technology, adaptive devices and equipment used in the classroom.

Arrival in Canada

Identify the current immigration status of your child in Canada?

- Canadian Citizen Permanent Resident of Canada Refugee Claimant
 Visitor to Canada Other Circumstance

Indicate when your child first arrived in Canada _____
YYYY MM DD

Identify the current immigration status of parent or guardian in Canada?

- as a Canadian Citizen on a Work Permit as a Permanent Resident
 as a Refugee Claimant as a Foreign/Visa Student under visiting Forces Act
 as Diplomatic Personnel as a Visitor to Canada Other Circumstance

Voluntary Aboriginal Self-Identification (Canadian Born Students Only)

- Métis Inuit First Nation (Status or Non Status)



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Previous School Information
Province/Territory
School Name
Phone
Fax
Address
Reason for Transfer
Arrival Date
<p style="color: red; font-size: small;">Under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 314 (1) (a) or (b) and 314(2) Clarification (1) and (2), if the Toronto Catholic District School Board assigns an expelled pupil to a school without knowing that he or she has been expelled by another board, the Toronto Catholic District School Board may subsequently remove the student from the school and assign him or her to a program for expelled pupils.</p> <p>Please Check All that Apply</p> <p>Has your child ever been expelled? <input type="checkbox"/> Type of Expulsion: School <input type="checkbox"/> Board <input type="checkbox"/></p> <p>Has your child ever been suspended from school? <input type="checkbox"/></p> <p>Has a change of school for your child occurred for a Safe Schools infraction? <input type="checkbox"/></p> <p>Has your child ever been transferred by the Board to another school for an incident or behaviour related to school safety? <input type="checkbox"/></p> <p>Parents are notified that, as part of their child's student application, the school principal may obtain student information from the child's previous school principal, including, but not exclusive to, that which is contained in the Ontario Student Record. This information is obtained and used only for the improvement of instruction and other education of the student in accordance with the Education Act, (R.S.O. 1990, s. 266(2)) and is collected, transmitted, retained and disposed of confidentially in accordance with the Municipal Freedom of information and Protection of Privacy Act (R.S.O. 1990 c. M. 56)</p> <p><input type="checkbox"/> *I understand the above process, and consent to the possible sharing of student information between principals as a condition of my child's student application process.</p>

Parent Signature

Date



Toronto Catholic District School Board

Student Application Form

Privacy

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Toronto Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58(5), 265, 266 as amended, and is collected, used and disclosed in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO 1990 M.56 (MFIPPA)). 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.

The information will be used to register and place the student in a school, and for consistent purposes such as the allocation of staff and resources, to give information to employees to carry out their job duties, and to communicate with you about relevant TCDSB matters and matters related to the education of your child. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances or for law enforcement matters, in accordance with MFIPPA, or any other relevant Act. For questions about this collection, please speak to your area Superintendent.

I have read the Privacy Statement.

Application Verification

Parent Signature

Date

By signing this form, I verify that all information I have entered is truthful and accurate.



Toronto Catholic District School Board Student Application Form

TORONTO CATHOLIC DISTRICT SCHOOL BOARD Kindergarten Program BEFORE AND AFTER SCHOOL PROGRAM OPTION

Dear Kindergarten Parents/Guardians,

The Toronto Catholic District School Board will work to facilitate a **Licensed Before and After School Program** at your child's school if a sufficient number of families choose to register. At this time, we are surveying parents/guardians to determine interest.

A **Licensed Before and After School Program** is anticipated to:

- Operate before school starts and after school ends until 6:00 p.m. (times to be determined locally)
- Provide a morning and an afternoon snack
- Be available on 194 instructional school days (approximate), with an option to register for P.A. Days, Christmas Break, March Break and Summer Break (fees may vary and are subject to change)

Completing this survey does not guarantee that a Licensed Before and After School Program will be offered at your child's school. Where survey results show sufficient interest from families, qualified, third party child care agencies will offer a separate registration process to ensure viability. Fees may range from \$25.00 to \$40.00 per day.

Fee subsidies may be available for Licensed Before and After School Programs through the City of Toronto, Children's Services. Please visit the City of Toronto website at www.toronto.ca/children or call 311 for more information. **Families who already have a fee subsidy in a child care program can transfer their fee subsidy to the new program.**

Personal information on this form will be used to inform for 2019-2020 before and after school programming. This information will only be shared with child care providers if there is sufficient interest to consider opening a program.

I am interested in registering my child(ren) for a possible Licensed Before & After School Kindergarten Program:

- BOTH before and after school (fee in the range of \$30.00 – \$38.00 per day)
- Before school ONLY (fee approximately \$12.50 – \$15.50 per day)
- After school ONLY (fee approximately \$18.50 – \$22.50 per day)

I would also be interested in:

- P.A. days, Christmas Break, March Break OR
- P.A. days, Christmas Break, March Break and Summer Break

I am NOT interested:

My child (ren) receive care from:

- Child Care in the Community
- Other(home, caregiver, alternate, etc.)

Please note this information helps TCDSB better understand family before and after school needs and will NOT include any identifying information.

Parent Name: _____ Parent Signature: _____

Date: _____



Toronto Catholic District School Board

Student Application Form

Student Information/Attestation Form			Office Use
Legal Name: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Surname First Name Middle Name </div>			Verification Document <input type="checkbox"/> Proof of Birth Certif. <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">Please specify</div> Verified By: <div style="text-align: center; font-size: small;">School Staff Name</div>
Preferred First Name:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date: <div style="text-align: center; font-size: small;">YYYY MM DD</div>	Signatures
Country of Birth:			

By signing this form, I verify that all information I have entered is truthful and accurate.

Parent Signature

Date

To Be Placed In The OSR.

The information you have provided is collected under the authority of the Education Act, section 265(c), and is collected, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act. This information will be used for administrative purposes related to school registration. Any questions regarding this collection should be directed to a school administrator.