

School Year Literacy/Numeracy Program Registration Form

Current Secondary School:										Current Grade:				
STUDENT ID#:					STUDENT OEN#:									
Surname:			First Name:			Middle Name:								
Preferred Name Surname:			First Name:											
Does this student identify as			<input type="radio"/> Female <input type="radio"/> Male		Birthdate:		Y	Y	Y	Y	M	M	D	D
Address:										Apt./Unit #				
City:					Postal Code:									
Home Phone #:					Cell #									
Parent/ Guardian Name:														
Parent/Guardian Signature:														
International Fee Paying Students Complete Portion Below:														
Student Country of Birth				If Canada, province of Birth:				Arrival Date (into Canada)						
Country of Last Residence:				Country of Citizenship:				Expiry Date (if Applicable)						
Status in Canada	<input type="radio"/> Canadian Citizen	<input type="radio"/> Permanent Resident	<input type="radio"/> Refugee	<input type="radio"/> International Student	<input type="radio"/> Student on Study	<input type="radio"/> Permanent Resident	<input type="radio"/> Temporary	<input type="radio"/> Parent on Work Permit	<input type="radio"/> Parent on Study					
<p>****International Fee-Paying Students are required to pay \$150.00 per student for this program. Please see your school Administrator to process your payment.</p> <p><small>Personal information collected shall be used for the provision of educational services and/or to administer health and emergency responses as required. If required to support the student's needs, personal information, including OSR information may be requested from or shared with their current school. Information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); Sabrina's Law, 2005, S.O. 2005, c. 7 and Ryan's Law (Ensuring Asthma Friendly Schools) 2015, S.O. 2015, C. 3 in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Any questions regarding information collected, may be directed to the school principal or to the Records Management and Access & Privacy Administrator, 40 Matheson Blvd West, Mississauga, ON L5R 1C5 (905) 890-1221 ext. 24443</small></p>														
Secondary School Principal Signature										Date:				