



Section 3 : Home Information

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|--|---|
| Home Address:<br>\$ G G U H V V<br>Apt/Unit<br>Civic/911 Number<br>City/Town<br>Postal Code<br><br>Proof of Address : Must be current<br>Select<br><br>Please include an electronic copy (picture or scan) of the<br>Proof of Address document with your registration<br>submission <input type="checkbox"/> ' U L Y H U ¶ V O L F H Q can not be<br>accepted as Proof of Address. | Mailing Address:<br>6 W U H H \<br>+ R X Number<br>Box<br>RR #<br>Lot<br>Concession<br>Township<br>City/Town<br>Postal Code |
|--|---|

Section 4 : Parent/Guardian Information

| <u>Parent/Guardian # 1</u>   | <u>Parent/Guardian # 2</u>   |
|--|--|
| Name   | Name   |
| Relationship to the Student: Select  | Relationship to the Student: Select  |
| Home Phone   | Home Phone   |
| Cell Phone   | Cell Phone   |
| Work Phone   | Work Phone   |
| « H [ W H Q V L R Q  | « H [ W H Q V L R Q  |
| Employer   | Employer   |
| Email  | Email  |
| Custody /Guardian Orders : <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide signed documentation | Custody /Guardian Orders : <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide signed documentation |
| Lives with student: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Lives with student: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Emergency Contact Priority :<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3                   | Emergency Contact Priority :<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3                   |
| School Closure Notice Priority :<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3               | School Closure Notice Priority :<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3               |

|                     |       |
|---------------------|-------|
| Health Card Number: | Phone |
|---------------------|-------|

Section 6 : Citizenship and Immigration Information

Country of Birth:

Country of Citizenship:

If Country of Birth is not Canada, please indicate date of arrival in Canada:

If not Canadian, specify current status in Canada:  
Select

Entered from:

Date related to Status identification document above  
(date of permanent residence, expiry date, date

Date of Arrival in Ontario:

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