

**STUDENT INFORMATION FORM-APPLICATION FOR REGISTRATION
GLENFOREST SECONDARY SCHOOL**

For Office Use Only
 OSR Requested Date: _____
 OSR Received Date: _____
 Immun. sent



NOTE: Signature and date needed on page 2

- PRINT AND COMPLETE ALL SECTIONS. MISSING INFORMATION WILL DELAY YOUR REGISTRATION AND MAY RESULT IN LIMITED COURSE SELECTION.**
- YOUR PERSONAL INFORMATION MUST MATCH THE INFORMATION ON YOUR LEGAL DOCUMENTS**

PEEL STUDENT NUMBER _____

*LEGAL LAST NAME _____ *LEGAL FIRST NAME _____ *LEGAL MIDDLE NAME _____ PREFERRED FIRST NAME _____

FEMALE MALE DATE OF BIRTH: _____ / _____ / _____ HOME PHONE NUMBER: _____
YEAR MONTH DAY

ADDRESS: _____
STREET NUMBER AND NAME APT/UNIT POSTAL CODE

PREVIOUS SCHOOL HISTORY:

NAME OF SCHOOL: _____ LOCATION: _____ PHONE: _____

IF NOT IN SCHOOL, NAME LAST SCHOOL ATTENDED _____ LOCATION _____

DATE OF LEAVING _____ REASON FOR LEAVING _____

HAVE YOU EVER ATTENDED A SCHOOL OUTSIDE OF PROVINCE OR COUNTRY? NO YES*

*If "yes", specify date (from _____ to _____) and location _____

YEAR/MONTH/DAY YEAR/MONTH/DAY

HAVE YOU EVER BEEN A PEEL DISTRICT SCHOOL BOARD STUDENT (Public School Board)? NO YES

If "yes", what Peel school did you last attend? _____ Peel Student Number _____

HEALTH INFORMATION: (ATTACH IMMUNIZATION RECORD TO ONLINE PEEL HEALTH FORM)

DOCTOR'S NAME: _____ PHONE NUMBER: () _____

HEALTH CARD NUMBER: _____ HEALTH CONCERNS: Yes No

_____ If yes, describe briefly _____

CUSTODY INFORMATION: (Circle One)

<u>CUSTODY:</u>	Both Parents	Father	Mother	Guardian	Other	<u>LIVING WITH:</u>	Both Parents	Father	Mother	Guardian	Other
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PARENT INFORMATION:

PARENT #1 _____
LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

ADDRESS: (if different from student) _____

PHONE NUMBERS: HOME: () _____ WORK: () _____
 CELL: () _____ PAGER: () _____

PARENT #2 _____
LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

ADDRESS: if different from student) _____

PHONE NUMBERS: HOME: () _____ WORK: () _____

CELL: () _____

PAGER: () _____

Revised Jan. 7, 2008

Continued.....

LEGAL GUARDIAN'S NAME (if other than parent):

LAST: _____

FIRST: _____

ADDRESS: _____

PHONE NUMBERS: HOME: () _____

WORK: () _____

CELL: () _____

PAGER: () _____

EMERGENCY CONTACTS (not your parents):

1. Mr./Mrs./Ms _____ Relationship to Student: _____
(please write first and last name)

Phone Number: Home: _____ Work: _____ Cell: _____

2. Mr./Mrs./Ms _____ Relationship to Student: _____
(please write first and last name)

Phone Number: Home: _____ Work: _____ Cell: _____

CITIZENSHIP (missing information from this section will result in a delay in your registration)

COUNTRY OF BIRTH: _____ CITIZENSHIP: _____

FIRST DATE OF ENTRY INTO CANADA _____ LANGUAGE SPOKEN AT HOME: _____

IMMIGRATION STATUS: Canadian Citizen Landed Immigrant Refugee Parental Permit

***SPECIAL EDUCATION:** Yes No _____ Gifted (*include most recent IEP*)
* (if applicable) _____ Communications Exceptionality (*include most recent IEP*)
_____ Behavioural (*include most recent IEP*)

Have you ever been suspended or expelled? Yes NO
Date(s): _____ Reason(s): _____

Registration is conditional upon receipt of O.S.R./School Records from sending school to confirm appropriateness of admission.

Signature: Parent/Guardian _____ Date _____

COURSE INFORMATION: Course descriptions and prerequisites can be found in the Peel District School Board's "Chart Your Course Guide".

Grade 9 students - please use the "Grade 9 Course Selections" sheet to choose your courses.
Please read the "Choosing Music" sheet before selecting a music course.

The following section is for students entering grades 10 to 12 only. Please list the courses you wish to take in ORDER OF PRIORITY.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

MUST CHOOSE: 3 alternate courses

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
|----------|----------|----------|