

# International Baccalaureate

ADDITIONAL FAMILY INFORMATION OF WHICH SCHOOL SHOULD BE AWARE:	Glenforest Secondary School 3575 Fieldgate Drive Mississauga, Ontario L4X 2J6
PLEASE ADVISE IF ALTERNATE COMMUNICATION (e.g. LARGE PRINT, BRAILLE, SIGN LANGUAGE) REQUIRED	

**EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) UNAVAILABLE — IN ORDER OF AVAILABILITY (#1 EASIEST TO CONTACT)**

TITLE (CIRCLE ONE) MR/MRS/ MS/MISS/ DR./REV.	1. LAST NAME	TITLE (CIRCLE ONE) MR/MRS/ MS/MISS/ DR./REV.	2. LAST NAME	TITLE (CIRCLE ONE) MR/MRS/ MS/MISS/ DR./REV.	3. LAST NAME
	FIRST NAME		FIRST NAME		FIRST NAME
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
HOME PHONE NUMBER ( ) ( )	CELLULAR / PAGER NUMBER ( ) ( )	HOME PHONE NUMBER ( ) ( )	CELLULAR / PAGER NUMBER ( ) ( )	HOME PHONE NUMBER ( ) ( )	CELLULAR / PAGER NUMBER ( ) ( )
BUS. PHONE NUMBER & EXTENSION ( ) ( )		SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO		BUS. PHONE NUMBER & EXTENSION ( ) ( )	
		SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO		BUS. PHONE NUMBER & EXTENSION ( ) ( )	
		SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO		BUS. PHONE NUMBER & EXTENSION ( ) ( )	

IF THE STUDENT QUALIFIES TO BE TRANSPORTED FROM A LOCATION OTHER THAN THE HOME ADDRESS (e.g. BABYSITTER, DAY CARE CENTRE) COMPLETE ALTERNATE TRANSPORTATION. FOR RURAL LOCATIONS SHOW "MUNICIPAL/EMERGENCY NUMBER IN "STREET NUMBER" AND DESIGNATE THE TOWNSHIP NAME.	CONTACT NAME	PHONE NUMBER ( ) ( )
	STREET ADDRESS (including Apt/Unit Number)	TOWN/CITY

IF THE CHILD IS NOT A PEEL DISTRICT SCHOOL BOARD STUDENT, I/WE AGREE THAT THE PEEL DISTRICT SCHOOL BOARD MAY CONTACT MY CHILD'S FORMER SCHOOL TO COLLECT INFORMATION FOR PURPOSES CONSISTENT WITH THE BOARD'S LEGISLATED RESPONSIBILITIES AND AUTHORITY.  YES  NO If no, reason. \_\_\_\_\_

IS THE STUDENT CURRENTLY SERVING A SUSPENSION OR EXPULSION?  YES  NO If yes, reason. \_\_\_\_\_

REGISTRATION IS CONDITIONAL UPON RECEIPT OF O.S.R./SCHOOL RECORDS FROM SENDING SCHOOL TO CONFIRM APPROPRIATENESS OF ADMISSION.

\_\_\_\_\_  
PARENT/GUARDIAN OR STUDENT (18 OR OLDER)

\_\_\_\_\_  
DATE

**SECONDARY SCHOOLS ONLY**  
ENTER COURSE SELECTIONS IN THE SPACE PROVIDED

FIRST CHOICE COURSES COURSE CODE	SUBJECT	GRADE	ALTERNATE COURSES COURSE CODE	SUBJECT	GRADE

GRADE NINE ENTRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	YEAR	MONTH	DAY			

LITERACY DIPLOMA REQUIREMENT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Verified on OST)</small>	ONTARIO STUDENT TRANSCRIPT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
40 HOURS COMMUNITY INVOLVEMENT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Verified on OST)</small>	

Counsellor	Number of Credits Already Obtained
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