



OTTAWA-CARLETON
DISTRICT SCHOOL BOARD

International Languages (Elementary) – Registration Form

FOR OFFICE USE ONLY:

| | | |
|--------------------|-----------|-----------------------------------------------------------------------------------------------------------|
| Location (IL SITE) | Language: | Date of registration |
| Instructor | Room | LANGUAGE LEVEL: Beg. <input type="checkbox"/> Int. <input type="checkbox"/> Adv. <input type="checkbox"/> |

STUDENT PERSONAL INFORMATION:

| | | | |
|----------------------------------|----------------|-----|--------|
| Student's First Name | Last Name | | |
| Student's Address (# and street) | APT. # | | |
| City | Postal Code | | |
| Date of Birth | Age | M/F | OHIP # |
| Student's Present School | Grade in Sept. | | |

Check Board of Education

- OCDSB OCSB CECLF
 CEPEO OTHER (please specify)

PARENT/GUARDIAN(S) INFORMATION:

| | | |
|------------------|-----------|--------|
| A) | | |
| First Name | Last Name | |
| HOME # | WORK # | CELL # |
| Language at Home | | |
| B) | | |
| First Name | Last Name | |
| HOME # | WORK # | CELL # |
| Language at Home | | |

EMERGENCY CONTACT:

| | | | | |
|------------|-----------|--------|--------|--------|
| First Name | Last Name | HOME # | WORK # | CELL # |
|------------|-----------|--------|--------|--------|

STUDENT MEDICAL REPORT:

It is very important that we are made aware of any medical conditions your child may have and what needs to be done in the event of an emergency (other than a call to 911).

Allergy: _____

Other Medical Concerns: _____

Remedy (eg. Epi-Pen): _____

Doctor's Name: _____

Doctor's Telephone: _____

STUDENT PHOTO RELEASE REPORT:

Photos, videos, films or interviews will only be done with the prior knowledge and consent of the school principal or designate and will not be used for commercial gain.

I/we hereby consent to the inclusion of photographs of my/our child in the following:

- class pictures, yearbook, special events/awards, videos and films
- photographers, films, or interviews taken by media as part of a school-related activity
- school board publications produced by the Communications Department
- photographs for use on school Internet pages and OCDSB public web sites

I/We hereby consent to the inclusion of any photographs of my/our child

Student Name _____

Signature of Parent/Guardian _____

Date _____

*** \$10 Non-refundable consumable fee will be collected onsite. Received:**

The International Languages (Elementary) Program is mandated by the Ontario Ministry of Education and is free to students eligible to attend Ontario Schools other than the \$10 activities and consumables fee. For students from Quebec, there will be a fee. Please consult the Site Administrator for the amount. Cheques are payable to *OCDSB International Languages* and are to be attached to this registration form, when registering in person. Please fill out this form and take it with you to the site.