



Application for Admission to Secondary School

School Name		
Legal Surname:	Legal First Name:	Legal Middle Name:
Preferred Surname:	Preferred First Name:	Preferred Middle Name:
Gender:	Student's Date of Birth:	Present Grade:
Present Program:	List of Siblings in the School Board:	
Has the student ever attended an OCDSB School? Yes No		
Previous School:		
Previous School Board:		
Previous Program:		
Has the student successfully completed a Gr. 10 Literacy test? Yes No		

Health Card Number:	Version:	
Medical Alert Information/Disability/Allergies:		
Does the student have a life-threatening medical condition:		
Please explain condition:		
Country of Birth:	First Arrival Date to Canada:	Province of Birth:
Country of Citizenship:	Immigration Status in Canada:	
Languages Spoken at Home:		
Main Language at Home:	First Language:	

Home Address

Street Name:	Street Number:	Apartment:
City:	Province:	Postal Code:
Home Phone:	Unlisted	Listed

Special Education

Has the student ever received special education assistance? Yes No		
If "Yes" to above, provide dates and locations:		
Does the student have an IEP? Yes No		

Voluntary Indigenous Self-Identification

Is the student of Indigenous descent or ancestry? Yes No		
If "Yes", please select: First Nation Inuit Metis		

ESL/ELD Program

Has the student been in an ESL program in the past? Yes No		
If so, when		

FRC USE ONLY				
Recommended STEP Placement 1-6				
ESL	Oral	Reading	Writing	No ESL
ELD	Oral	Reading	Writing	

Parent/Guardian Information

Surname:	First Name:	Relationship:
Immigration Status in Canada:	Place of Employment:	
Emergency Contact Priority: 1 2 3	School Closure Contact Priority: 1 2 3	
E-mail (1):	E-mail (2):	
Cell:	Home Phone:	Business Phone:
Guardian:	Custody:	Lives with Student:
Agency Name (if applicable):	Access to Records:	Receives Mail:
Address (Street Number):	Street Name:	Unit/Apartment:
City/Township:	Province:	Postal Code:

Surname:	First Name:	Relationship:
Immigration Status in Canada:	Place of Employment:	
Emergency Contact Priority: 1 2 3	School Closure Contact Priority: 1 2 3	
E-mail (1):	E-mail (2):	
Cell:	Home Phone:	Business Phone:
Guardian:	Custody:	Lives with Student:
Agency Name (if applicable):	Access to Records:	Receives Mail:
Address (Street Number):	Street Name:	Unit/Apartment:
City/Township:	Province:	Postal Code:

Emergency Contact Information (Other Than Parents/Guardians)

Surname:	First Name:
Relationship to Student:	Place of Employment:
Emergency Contact Priority: 1 2 3	School Closure Priority: 1 2 3
Home Phone:	Business Phone:
E-mail (1):	E-mail (2):

Parent / Guardian Signature

Date

Proof of Residency – check two:	current agreement of purchase of sale or rental lease
	current utility bill current property bill current phone/cable/internet Other:
Proof of Age (what was seen?):	

Acknowledgement

The personal information on this form is collected under the authority of the Education Act (RSO. 1990 c.E.2) and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO. 1990 c.M56), as amended. It will be used to establish the Ontario Student Record [OSR] and for student and education related purposes such as registration, administration, communication, collection of fees, data reporting, and Student Transportation Services. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to allow enforcement matters, and with third parties in accordance with the established service agreements or in accordance with any other Act. Questions or concerns should be directed to the school principal or the Board's Freedom of Information Coordinator, Ottawa-Carleton District School Board, 133 Greenbank Road, Ottawa, Ontario, K2H 6L3, Telephone 613-596-8211.