LA SALLE SECONDARY SCHOOL
GRADE 10 - 12 REGISTRATION
2012 - 2013

STUDENT INFORMATION

LEGAL NAME: ____
LAST NAME FIRST NAME MIDDLE NAME (S)

PREFERRED NAME: ______________________ GENDER: ________ PHONE #: ______________

APT. #: ________ HOUSE #: __________ STREET NAME: ______________________

CITY: ______________________ POSTAL CODE: __________ DATE of BIRTH: ____________
Year / Month / Day

Health Card Number: ______________ Medical Alert Information or Disability: ______________________

____

Doctor's Name: ______________________ Phone Number: ______________ Ext: ______

If country of birth is other than resident country, please fill out the following section:

Birth Country: __________ Country of Citizenship: __________ Status in Canada: __________

Arrival Date: __________ Expiry Date: __________ Mother Tongue:__________

Language(s) Spoken at Home: __________

Native Student: _____ Please indicate: ❑ First Nation ❑ Inuit ❑ Metis ❑ Living on ❑ Living off

PARENT INFORMATION

CONTACT #1: (This is the first contact person if an emergency should arise)

Name: ________________________________ ______________
LAST NAME FIRST NAME Relationship to Student

__________ __________ __________ __________
Home Phone Business Phone Cell Phone E-Mail Address

❑ Parent ❑ Guardian ❑ Custody ❑ Lives With ❑ Receives Mail ❑ Access to Records

Address (If different than student) ________________________________

CONTACT #2:

Name: ________________________________ ______________
LAST NAME FIRST NAME Relationship to Student

__________ __________ __________ __________
Home Phone Business Phone Cell Phone E-Mail Address

❑ Parent ❑ Guardian ❑ Custody ❑ Lives With ❑ Receives Mail ❑ Access to Records

Address (If different than student) ________________________________

EMERGENCY INFORMATION: (If Contact #1 and #2 are not available)

Name: ________________________________ ______________
LAST NAME FIRST NAME Relationship to Student

__________ __________ __________
Home Phone Business Phone Cell Phone

PREVIOUS SCHOOL INFORMATION:

NAME OF LAST SCHOOL ATTENDED: ________________________________

ADDRESS OF SCHOOL IF NOT IN LIMESTONE DISTRICT SCHOOL BOARD: ______________________

____

Date you last attended above school: ______________________

Are you registered at another school? Yes ❑ No ❑ Name of School: ______________

Student formally identified with **Individual Education Plan** available? Yes ❑ No ❑ Unsure ❑

Have you passed both Reading & Writing sections of the **Literacy Test**? Yes ❑ No ❑ Unsure ❑

Have you completed **40 Hours of Community Involvement**? Yes ❑ No ❑ Unsure ❑

PARENT SIGNATURE: ______________________ **DATE:** __________

FOR OFFICE USE ONLY*

STUDENT I.D. ______________ O.E.N. ______________