



LA SALLE SECONDARY SCHOOL GRADE 9 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

ELEMENTARY 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

PREVIOUS CREDITS: Quest _____ Outreach _____ Reach Ahead _____ Other: _____

PARENT SIGNATURE: _____ **DATE:** _____

*****FOR OFFICE USE ONLY*****

STUDENT I.D. _____ **O.E.N.** _____