

Terry Fox Secondary School
AUTHORIZATION TO REGISTER



STUDENT & SCHOOL DATA

New Cross Boundary International Returning ESL

Student Number

Grade: _____ Male Female Age: _____ Birthdate: _____
M D Y

LEGAL SURNAME: _____ **LEGAL FIRST AND MIDDLE NAMES:** _____

CALLED NAME (If different from the above names): _____

PEN #: _____

Address: _____ Date: _____

City: _____ Postal Code: _____ Home Phone: _____

Parent Cell No.: _____ Student Cell No.: _____
Please note who the number is for as well as the number(s)

Parents E-Mail Address _____ Student E-Mail Address: _____

Previous School (s) _____

Report Card Copy Country of Birth _____ Province if Canada _____

Lang. Spoken at home: _____ Aboriginal Ancestry Y___ N___

Citizen PR/Landed Immigrant Student Visa Refugee Other IMM1000/PP Copied

Receiving Home Schooling Y___ N___ French Lang. Program Y___ N___ ESL Y___ N___ Years of Service _____

Previous/ Current Support (s) Learning Assist. Behaviour Legal Services Social Worker
Skill Development Physio Hearing Resource Visual Resource
Outside Counselling: _____ Youth Worker: _____
Small Group/Alternate Class: _____ Other: _____
Psycho. Ed. Testing date: _____ Copy Provided In G4 File

Medical Alert Information: _____ CARE CARD # _____

Alternate Emergency Contact Name: _____ Phone Number _____

Family Doctor Name: _____ Phone Number _____

I consent to the release of all information and records including confidential files to Terry Fox Secondary School. Furthermore I request that my son/daughter be registered at Terry Fox Secondary School.

Parent Guardian Name: _____ Signature: _____
(Mother's Name) Please Print

Parent Guardian Name: _____ Signature: _____
(Father's Name) Please Print

COUNSELLOR USE ONLY

SPECIAL EDUCATION

Level 1 A B **Level 2** C D E F G **Level 3** H **Other** Q K R P

Copies of Birth Certificate, Parents Citizenship, Proof of Residency, Care Card must be attached to the Registration.