



**Grand Erie District School Board
International Languages
(519) 753-6079**



2021-2022 REGISTRATION FORM

PLEASE COMPLETE, PRINT AND SEND TO: carolyn.kelley@granderie.ca

STUDENT INFORMATION

| | | | | | | | | | | |
|---|----------------|--|------------------|--|--|--|--|--|---------------------------------|--------------------------------|
| Legal Last Name | | | Legal First Name | | | Middle Name | | | Male <input type="checkbox"/> | Other <input type="checkbox"/> |
| | | | | | | | | | Female <input type="checkbox"/> | |
| Apt# | Street Address | | | | | City/Town | | | Postal Code | |
| Date of Birth (Month/ Day/Year) | | | Country of Birth | | | Telephone (Cell and Home Numbers) | | | | |
| Parent #1 Name | | | | | | Parent #2 Name | | | | |
| Student OEN # | | | | | | Student Email Address | | | | |
| Current Elementary School <i>and</i> Grade (e.g. Bellview PS – grade 3) | | | | | | Date of Entry into Canada (Month/Day/Year) | | | | |
| | | | | | | | | | | |

ATTENTION

The student **MUST** be registered in a public-funded school or inspected private school within the province of Ontario. These classes may be held either online or in-person. Students must at least 4 years of age by December 31, 2021.

LANGUAGE SELECTION

| | | |
|---|--|--|
| <input type="checkbox"/> Mandarin (Saturdays 9:00 – 11:30 am) Grades JK - 8 | <input type="checkbox"/> Punjabi (Saturdays 9:00 - 11:30 am) Grades JK - 8 | <input type="checkbox"/> Polish (Mondays 6:00 - 8:30 pm) Grades JK - 8 |
| <input type="checkbox"/> Arabic (Saturdays 9:30 – 12:00 noon) Grades JK - 8 | | |

EMERGENCY CONTACT and MEDICAL INFORMATION

Does student have a condition that could lead to anaphylactic shock? Yes No if yes, please complete the next block.

Please provide any applicable medical information/documentation:

EMERGENCY CONTACT AND MEDICAL INFORMATION (Continued)

| | |
|---|---|
| EMERGENCY CONTACT (other than parent/guardian): | PHONE NO.: CAN PICK UP STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

I have obtained the consent of the person listed above to have their name and telephone number used for emergency purposes. The emergency contact name and number will not be used if "Yes" is NOT checked below.

Yes

PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION

Media Consent: I give permission for my child's personal information (e.g., picture, video, name, school work) to appear on school websites, on the board's social media outlets such as its YouTube channel, Facebook, Twitter account and in school-related stories in the newspaper, school or board brochures, student produced online newspapers and reports on websites. I understand that by consenting, my child's photo, video, school work, and/or name could be used in a way that makes it accessible to the public.

Yes No

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform Grand Erie Learning Alternatives (519-753-6079, #277012) immediately of any changes to the information contained in this form

Parent/Guardian Signature

Date