

Continuing and Community Education  
**International & Indigenous Languages (Elementary)**



# REGISTRATION FORM

Please complete form clearly and accurately.

### Age Eligibility:

**Children MUST be 4 years old at the time of registration**

Student Information

**Language of Study:** \_\_\_\_\_

**School Site:** \_\_\_\_\_

**Date of Birth**  
 \_\_\_\_\_  
Month Day Year

**Sex:**  M  F

- All students should bring proof of age (e.g., a copy of the birth certificate or passport)
- Proof of address (e.g., Child Tax Benefit statement, utility bill)

Last Name (Birth Certificate):		First Name (Birth Certificate):	
Address: <small>Proof of Ontario residency is required.</small>			Apt/Unit:
City:	Province:	Postal Code:	Tel. (H):

**Medical Information** List any allergies or medical condition we should be aware of:  
 Will your child require an epipen/other medication during school hours?

**Day School Information** Current Day School (Full name please): \_\_\_\_\_ Current Grade: \_\_\_\_\_ School Board:  Ottawa Catholic  Ottawa Public  French Catholic  French Public Other: \_\_\_\_\_

Parent/Guardian

Last Name:	First Name:	Last Name:	First Name:
Tel (W):	Tel (C):	Tel (W):	Tel (C):

**CONTACT E-MAIL ADDRESS:** \_\_\_\_\_ \*Email account holder's *signature of consent* [see below]  
 \_\_\_\_\_  
Parent/Guardian Signature

**\*\*Parent/Guardian Signature:** \_\_\_\_\_  
 Date: \_\_\_\_\_

**\*CONSENT TO RECEIVE ELECTRONIC COMMUNICATION in compliance with the Canadian Anti-Spam Legislation (CASL)**  
 Your signature above represents your express consent for the OCSB to send you electronic messages for the following: newsletters, important messages regarding events, notice of cancellations, yearbook sales, field trips, lunch, milk and pizza sales, student photos and fundraisers.

### To be completed by I & IL Site Administrator/Office Assistant

**\*\*COLLECTION OF PERSONAL INFORMATION**  
 The information collected on this form is collected under the authority of the Ministry of Education, and under the following legislation: the Education Act, the Municipal Freedom of Information & Protection of Privacy Act (MFIPPA) & the Personal Health Information Protection Act (PHIPA).

Indicate which Proof of Age was shown:  
 Birth Certificate  Passport  Report Card – **OEN #:** \_\_\_\_\_

**Proof of address** (Type of document submitted): \_\_\_\_\_

Grade: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Registered by: \_\_\_\_\_ Date: \_\_\_\_\_