

# MONARCH PARK COLLEGIATE REGISTRATION PACKAGE



The following documents must be brought to the school with the registration form and the course selection stop for admission to Monarch Park Collegiate. Please note that if any documentation is missing, you may not be registered.  TDSB Student Registration Form, signed by Parent/Guardian if under 18 years old  Original Birthdate Verification: (ONE of the following) Birth Certificate (if born in Canada), Passp Immigration Papers, Canadian Citizenship Card (if born outside Canada)					
Original Birthdate Verification: (ONE of the following) Birth Certificate (if born in Canada), Passp Immigration Papers, Canadian Citizenship Card (if born outside Canada)	ort,				
Immigration Papers, Canadian Citizenship Card (if born outside Canada)	ort,				
Proof of Address: Government Issued Documents:					
ONE item from # 1 and ONE item from # 2 -	ONE item from # 1 and ONE item from # 2 -				
<ul> <li>1.Canada Revenue Agency (CRA) income tax document; property tax bill, utility bill (hydro, water gas), deed/proof of property ownership;</li> </ul>	,				
2. Current Driver's permit verification; bank statement; credit card bill; employee's pay stub; T4E					
(Documents must be originals & not from online sources)					
☐ Health Card Number AND up to date Immunization Record					
Credit Counselling Summary (obtained from current school) OR most recent report card with Ontario Student Transcript (if already attending secondary school)					
All of the above documents must be submitted for all Monarch Park Programs, it addition –	ı <sup>*</sup>				
<ol> <li>If you are registering for the <u>Regular Programs</u>, you require the following documents:</li> <li>□ A completed Vice Principal's Recommendation from the last school attended.</li> </ol>					
☐ Monarch Park Collegiate Questionnaire					
Attendance Profile: can be obtained from current school's Attendance Office					
Optional Attendance (out of area) - must have acceptance form (545B)					
<ul> <li>If you are a <u>VISA student</u>, you require the following documents:</li> <li>Letter Of Admissions from TDSB Admissions Office contained in Brown Envelope</li> </ul>					
Passport					
☐ Student Study Permit or Parent/Guardian Work Permit					
2 papers showing Custodianship, one signed by parent and one signed by custodian					
☐ Homestay Agreement – information pertaining to where student resides					
New Students to Canada: Required to provide assessment documents from:					
West End Reception Centre Georges Vanier Reception Centre					
777 Bloor Street West, 4th floor 3000 Don Mills Road East Toronto, ON (south side of Bloor St. at Christie subway Toronto, ON (Don Mills Road East, south of Finch) 416-	395-				
station) 416-393-0542 9440					
STUDENTS UNDER 18 MUST BE ACCOMPANIED BY A PARENT/GUARDIAN (and/or legal custodian)					
Registration & Student Activity Fee: Estimated cost is \$60.00 (cash only). Payment is required the first day of school when the student timetable is distributed.					
FOR OFFICE USE ONLY					
Approved Date: V.P. Signature:					
Not Approved Reason:	•				

#### **QUESTIONNAIRE**

PΙε	Please complete the following questionnaire.	
1.	. Do you have an Individual Education Plan (IEP)? Yes □ No □	
2.	. Have you been suspended from school during the past Yes □ No □ If yes, please explain:	year?
3.	Are you currently being considered for expulsion by a s Yes □ No □ If yes, please explain:	chool board?
4.	Are you currently under expulsion from any school boar Yes □ No □  If yes, please explain:	d?
	Have you <u>ever</u> been suspended from school for a violentyes □ No □  If yes, please explain:	t act?
	Do you have any allergies or health conditions that we see Yes □ No □  If yes, please explain:	hould know about for your safety:
	Signature of Applicant Signature	nature of Parent/Guardian (if under 18)

The information collected on this form will be protected under the "Municipal Freedom of Information and Protection of Privacy Act".

VICE PRINCIPAL'S RECOMMENDATION (To be completed by student's Vice Principal)

Ρ	lease print.				
S	TUDENT NAME:				
S	CHOOL NAME:		TELEPHONE:		
R	EASON FOR CHANGE OF SCHOO	)L:		· • •	
С	heck the appropriate box:	7			
1.	ACHIEVEMENT	acceptable	unacceptable		
2.	ATTENDANCE	acceptable	unacceptable		
3.	BEHAVIOUR	acceptable $\square$	unacceptable		
4.	PROGRAMME NEEDS	Special Ed.	ESL/ELD		
5.	GENERAL COMMENTS:				
da It I	his student is accepted to Monarch tabase so that he/she may be regist S recommended □ / It is NOT recor narch Park Collegiate.	ered at Monarch Park Collegi	ate? ☐ Yes ☐ No		
Vic	e Principal's Name (Please Print)	Vice Principal's Signature	Date	<u> </u>	
Dir	ect Phone #	Extension			
	e: The information you have provided Education Act R.S.O. 1990, and ma and records and for determining elig Principal.	ay be used for administrative p	ourposes related to s	chool programs	
·	Transferring schools could affect yo	ur eligibility to participate in s	ports.		
	Falsifying information on this form will result in your retirement from Monarch Park Collegiate.  Admission to Monarch Park Collegiate is considered to be conditional pending receipt and review of the student's records from their previous school.				



## STUDENT REGISTRATION FORM

(PLEASE PRINT)

### STUDENT INFORMATION

Legal Surname:	me: Preferred Surname:				
Legal Middle Name:					
Legal First Name:					
Gender: Male □ Female □	·				
Note: Legal Name as shown on legal document (i.e. birth certificate, passport, change of name order, etc.) and will appear on all school Official Records					
STUDENT ADDRESS INFORMATI					
Home Address:					
Number Street	Apt/Unit/Suite Number				
City/Town	Province Postal Code				
Home Phone Number:	Listed: Yes □ No □				
STUDENT LANGUAGE, CITIZENSI	HIP AND IMMIGRATION INFORMATION				
Country of Citizenship:	Province of Birth:				
	(If born in Canada)				
Languages Spoken (indicate all languages including English	ish)				
1)	First Language □ Spoken at Home □				
2)	First Language □ Spoken at Home □				
Fill in the section below <u>ONLY</u> if country of bi	irth is something other than Canada				
Birth Country:	Country of Last Residence:				
atus is Canada: Expíry Date:					
EDUCATIONAL BACKGROUND					
Name of Previous School:					
Previous School Address:	vious School Address: Phone:				
City/Town	. Province				
Last Date of Attendance: Reason for Transfer:					
	hool within the Toronto District School Board? Yes \(\Boxed{1}\) No \(\Boxed{1}\)  Last grade attended:				
ir res, provide the name of the school:	Last grade attended				
Has the student previously received Special Ed	• •				
Type of program (if known):					

STUDENT REGISTRATION FORM			Page	
Is the student currently under suspension from any school c	or board?		Yes □ No □	
Is the student currently under expulsion from any school or	board?		Yes 🛘 No 🖯	
FOR SECONDARY SCHOOL USE ONLY:				
Previous Community Service Hours completed outside Toror	nto District Scho	ool Board:	_ hours	
Grade 10 Literacy Test successfully completed (please provide proc	of of results) Yes [	□ No □	,	
First Entered ONTARIO Secondary Schools after Grade 9 Yes	s □ No □		Cohort Year:	
MEDICAL INFORMATION				
Health Card No.				
Medical Conditions:				
If your child has medical needs or conditions of which the sch	nool should be	aware, please describ	e the	
condition(s) below:		, ,	Life Threatening	
			Yes 🗌 No 🗆	
			Yes 🗆 No 🗆	
SIBLING INFORMATION (If the student has brothers or sisters h	n this school, please li	ndlcate)		
Surname (1):				
First Name (1):		•		
PARENT/LEGAL GUARDIAN CONTACT INFOR	MATION			
CONTACT 1				
Surname: First	Name:		Male 🗆 Female 🗅	
Relationship to student:	Emergency p	riority: 1 2 3 4 School	Closure priority: 1 2 3 4	
Home Phone Number:		circle your choice: 1=high prior	ity, 4=low priority	
Business Phone Number:		olicable boxes	T	
Cell Phone Number:	Has Access	Legal Guardian 🗆	Receives Mail 🗆	
Email Address :	to Student	Has Custody □ Lives with student □	Has Access to Records	
CASL □	Yes □ No □	Lives with student L	Speaks English □	
Home Mailing Address (complete if different than student's)				
Number Street City/Town		Province	Postal Code	
CONTACT 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Surname: First	Name:		Male 🗆 Female 🗆	
Relationship to student:	Emergency pi	riority: 1 2 3 4 School	Closure priority: 1 2 3 4	
Home Phone Number:	- , ,	circle your choice: 1=high priori	ty, 4=low priority	
Business Phone Number:	Check all app	licable boxes		
Cell Phone Number:	Has Access	Legal Guardian 🗆	Receives Mail 🗆	
Email Address <sup>*</sup> :	to Student	Has Custody □	Has Access to Records □	
CASL 🗆	Yes 🗆 No 🗆	Lives with student 🗆	Speaks English	
Home Mailing Address (complete if different than student's)	•			
Muselan				
Number Street · City/Town		Province	Postal Code	

## EMERGENCY CONTACT INFORMATION (If parent/guardian cannot be reached)

CONTACT 1	m 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Surname:		First Name:	Male 🗆 Female 🖯
Relationship to student:		Emergency priority: 1	. 2 3 4 School Closure priority: 1 2 3 4
Home Phone Number: Business Phone Number:			r choice: 1=high priority, 4=low priority
CONTACT 2			
Surname:		First Name:	Male 🗆 Female 🗅
Relationship to student:		Emergency priority: 1	2 3 4 School Closure priority: 1 2 3 4 choice: 1=high priority, 4=low priority
Home Phone Number: Business Phone Number:			choice: 1-nigh profits, 4-low phority
INDIGENOUS STUDE	NT SELF-IDENTIFIC	CATION	
All parents/guardians of Indige	nous students, and students w	here they are 18 years of age or of the street in the stre	older, have the right to voluntarily self-
First Nation Ancestry (Status Métis Ancestry □			rson outside of Canada □
ADDITIONAL STUDE	NT INFORMATION (#	frequired for school)	
All information provided abo documentation.	ive is correct and true. All a	dmissions are conditional pen	ding receipt of required
Signat	ure of Parent/Legal Guardian	<del></del>	yyyy/mm/dd
Protection of Privacy Act, R.S.O., 199 registration purposes. The Ontario h	90, c.M.56, and will be used by Sch Health Card number will be shared Ird. This information is updated an	nool Administration in the creation of with local public health authorities. A nually. Questions or concerns about this o	and the Municipal Freedom of Information and the Emergency Calling Network and for school all personal information collected on this form collection should be directed to the Privacy Office,
rustees that relate to the education  **Email address will also be used to  CASL prohibits the sending of any ty  Foronto District School Board requir	n of students or operation of schoo provide information of a commen pe of electronic message that is co es your consent to send you email	ols. cial nature. Canada's new Anti-Spam ommercial in nature unless the recipie Is which contain advertising or promo	Commation from Board officials or the Board of Legislation (CASL) took effect on July 1, 2014. In this provided consent first. As a result, Itions regarding school fundraisers, lunch Illetic events with an entry fee or similar events