



YORK CATHOLIC DISTRICT SCHOOL BOARD

Secondary Student Application

Transitional Registration Form

Grade 8 to Grade 9

OFFICE USE ONLY

Student ID:	School Year:	1 st Day of Attendance:
Registration for Grade:	OEN:	OSR Requested <input type="checkbox"/> OSR Received <input type="checkbox"/>
Activity Fee Amount: \$ _____	Cheque <input type="checkbox"/> Initial: _____	Posted in Maplewood: _____ Date: _____
Principal Signature: _____		Date: _____

Current Elementary School:	Name of Secondary School Registering For:
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Print Clearly

Note: Legal Name must be as shown on legal document (i.e. birth certificate, passport, etc.) & will appear on all school Official Records (i.e. Report Cards/Transcripts)

STUDENT INFORMATION	LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	
	PREFERRED FIRST NAME		BIRTHDATE: (M/D/Y) _____	
	Home Address _____ House Number / Street Name _____ Apt. /Unit # _____ City _____ Province _____ Postal Code _____			
	Main Telephone # _____ Mailing Address if different from above _____			
	If student does not reside with Both Parents, indicate student residing with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> If other , please indicate relationship: _____			
	Is there a Custody Order/Visitation Access/Special Arrangements? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please ensure school has a copy _____			
	Note: If you reside outside York Region or outside the boundaries of this school, you must complete a TCH-19A form at the school for approval by the Principal			
	INDIGENOUS STATUS: INDICATE IF THE STUDENT IS OF INDIGENOUS DESCENT YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, INDICATE FIRST NATION <input type="checkbox"/> INUIT <input type="checkbox"/> METIS <input type="checkbox"/>			
	FIRST PARENT/GUARDIAN Mr. / Mrs. / Ms. (please circle one)			
	Name _____ Last Name _____ First Name _____		Employer Telephone # () _____ Cell # () _____ Email Address _____	
For emergency purposes, please indicate if this is contact #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Group Home <input type="checkbox"/> Step Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other <input type="checkbox"/> _____				
↓ PLEASE COMPLETE ONLY IF ADDRESS & PHONE NUMBER IS DIFFERENT FROM STUDENT				
Address _____ House Number / Street Name _____ Apt./Unit _____ City/Town _____ Province _____ Postal Code _____ Telephone # () _____				
SECOND PARENT/GUARDIAN Mr. / Mrs. / Ms. (please circle one)				
Name _____ Last Name _____ First Name _____		Employer Telephone # () _____ Cell # () _____ Email Address _____		
For emergency purposes, please indicate if this is contact #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Group Home <input type="checkbox"/> Step Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other <input type="checkbox"/> _____				
↓ Please complete ONLY if address & phone number is DIFFERENT from student				
Address _____ House Number / Street Name _____ Apt./Unit _____ City/Town _____ Province _____ Postal Code _____ Telephone # () _____				

