



Registration Form

Please print clearly.

St. Patrick Campus 1230 King Street London, Ontario N5W 2Y2 Tel: 519-675-4436 Fax: 519-659-2282

Part A: Personal Information

Doe Jane
 Legal Last Name ↑ Legal First Name ↑ Legal Middle Name(s) ↑
 Sex: Male Female
 Previous/Maiden Name _____
 Date of Birth: YY 99 /M 1 /D 31 / Home Phone: (519) ###-####
 Work/Cell: (519) ###-####
 Email Address: sample12345@email.com
1 123 Abcde Road
 Unit # Address
 City: London, Ontario Postal Code: N#Z #B#

Part B: Emergency Contact and Health Concerns

Contact Name: John Doe Relationship: Husband
 Home Phone: (519) ###-#### Work/Cell: (519) ###-####
 Doctor's Name: Dr. Smith Doctor's Phone: (519) ###-####
 Health Concerns: Athsma

Part C: Citizenship Status

Canadian Citizen Permanent Resident Refugee Claimant Expiry Date: _____
 Country of Birth: England Date of Entry to Canada: June 2015

Part D: Fee Paying Students

VISITOR/STUDENT VISA AUTHORIZATION ATTACHED: Yes No
 Time Approved: 2015/02/28 to 2016/02/28
 YYY/YY/MM/DD YYY/YY/MM/DD
 Fee Required (\$660.00 per class) PLAR Assessment (\$240.00)

Part E: School History

Are you currently attending any secondary school? Yes No Name of school: _____
 Have you completed an Ontario High School Diploma? Yes No

Part F: Course Selection – 1st Choice:

Course Code	Course Name/Teacher Name	Sec	Course Date	Time	Days	A
XXXXX	Sample Course	1	September 9, 2015	8:00 am	Monday	

Alternative Choices:↓

Course Code	Course Name/Teacher	Sec	Course Date	Time	Days	A
XXXXX	Sample Course 2	4	September 10	5:45 pm	Tuesday and Thursday	

CONDITIONS OF REGISTRATION AND ENROLMENT

- ✓ The above information is correct and I must inform the school officials of any changes in information or status.
- ✓ If I do not attend on the start date of each course, my name will be removed from the roll.
- ✓ If I withdraw from class at any time, I must notify student services or my registration privileges will be suspended and any future courses for which I am registered will be cancelled automatically.
- ✓ If my absences exceed 20% or more for any reason, I will lose the privilege to register for future classes.
- ✓ If I do not return my books, my \$100.00 deposit will be kept as a down payment for ordering new text books. I will be responsible for the difference in cost for the new books. Ontario Works clients that do not return textbooks will have \$100.00 or the cost of new books taken off of their cheque and that money will be given to the Centre for Lifelong Learning. I understand these terms.
- ✓ I understand that I must abide by the Code of Behaviour as established by the London District Catholic School Board or I will be removed from current and future registration (see student agenda for details).
- ✓ I will abide by the London District Catholic School Board’s Acceptable Use of Network and Communications Technology policy (refer to student agenda).

Jane Doe September 1, 2019
Student’s Signature **Date**

Secretary’s Signature **Date**

Date Received by Office: _____

Date Entered by Office: _____

Notice of Collection of Personal Information

Information on this Application Form is collected under the authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. It will be used to establish the Ontario Student Record (OSR), and for registration, administrative, communication, educational reporting and transportation student related purposes. If this Application is approved, this Form may be retained in the OSR by the registering school for five (5) years after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes for a period of two (2) years. Questions or concerns about the collection of data on this form should be directed to the school principal.

