

# MONARCH PARK COLLEGIATE REGISTRATION PACKAGE



\_\_\_\_\_  
Student Surname (please print)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Daytime Telephone

The following documents must be brought to the school with the registration form and the course selection sheet 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
- Birthdate Verification: (ONE of the following)** Birth Certificate (if born in Canada), Passport, Immigration Papers, Canadian Citizenship Card (if born outside Canada)
- Proof of Address: Government Issued Documents:**
  - 1. Canada Revenue Agency (CRA) income tax document; property tax bill, utility bill (hydro, water gas), deed/proof of property ownership;
  - 2. Current Driver's License (photo ID card only); credit card bill; pink car insurance slip**(TWO of the following - copies 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, in addition –**

1. If you are registering for the **Regular Programs**, you require the following documents:

- A completed Vice Principal's Recommendation from the last school attended.**
- 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)

2. If you are a **VISA student**, you require the following documents:

- Letter Of Admissions** from TDSB Admissions Office contained in Brown Envelope
- Passport**
- Student Study Permit or Parent/Guardian Work Permit**
- 2 papers showing **Custodianship**, one signed by parent and one signed by custodian
- Homestay Agreement**
- New Students to Canada:** Required to provide assessment documents from:

West End Reception Centre 777 Bloor Street West, 4th floor Toronto, ON (south side of Bloor St. at Christie subway station) 416-393-0542	Georges Vanier Reception Centre 3000 Don Mills Road East Toronto, ON (Don Mills Road East, south of Finch) 416-395-9440
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**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 <input type="checkbox"/>	Date:	V.P. Signature:
Not Approved <input type="checkbox"/>	Reason:	

## QUESTIONNAIRE

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 year?

Yes  No

If yes, please explain:

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3. Are you currently being considered for expulsion by a school board?

Yes  No

If yes, please explain:

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4. Are you currently under expulsion from any school board?

Yes  No

If yes, please explain:

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5. Have you ever been suspended from school for a violent act?

Yes  No

If yes, please explain:

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6. Do you have any allergies or health conditions that we should know about for your safety:

Yes  No

If yes, please explain:

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\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature 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)

Please print.

STUDENT NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

REASON FOR CHANGE OF SCHOOL: \_\_\_\_\_

Check the appropriate box:

- |                    |                                      |                                       |
|--------------------|--------------------------------------|---------------------------------------|
| 1. ACHIEVEMENT     | acceptable <input type="checkbox"/>  | unacceptable <input type="checkbox"/> |
| 2. ATTENDANCE      | acceptable <input type="checkbox"/>  | unacceptable <input type="checkbox"/> |
| 3. BEHAVIOUR       | acceptable <input type="checkbox"/>  | unacceptable <input type="checkbox"/> |
| 4. PROGRAMME NEEDS | Special Ed. <input type="checkbox"/> | ESL/ELD <input type="checkbox"/>      |

5. GENERAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required Attachments:

- Last Report Card
- Credit Counseling Summary
- Full Printout of attendance from beginning of the school year

If this student is accepted to Monarch Park Collegiate would you "Release" the student from your Trillium database so that he/she may be registered at Monarch Park Collegiate?  Yes  No

It **IS** recommended  / It is **NOT** recommended  that this student be considered for admission to Monarch Park Collegiate.

\_\_\_\_\_  
Vice Principal's Name (Please Print)      Vice Principal's Signature      Date

\_\_\_\_\_  
Direct Phone #      Extension

**Note:**

1. The information you have provided is collected under the legal authority of Section 265(d) of the Education Act R.S.O. 1990, and may be used for administrative purposes related to school programs and records and for determining eligibility for attendance. Questions should be directed to the Principal.
2. Transferring schools could affect your eligibility to participate in sports.
3. 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.



**To be completed for ALL students:**Country of Citizenship: \_\_\_\_\_ Province of Birth: \_\_\_\_\_  
(If born in Canada)

Languages Spoken (indicate all languages including English)

1) \_\_\_\_\_ First Language  Spoken at Home   
2) \_\_\_\_\_ First Language  Spoken at Home **EDUCATIONAL BACKGROUND**Has the student ever been registered at a school within the Toronto District School Board? Yes  No 

If Yes, provide the name of the school: \_\_\_\_\_ Last grade attended \_\_\_\_\_

If No, provide the name of the school most recently attended: \_\_\_\_\_

School Address \_\_\_\_\_ School Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ School Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ School E-mail: \_\_\_\_\_

Name of the School Board: \_\_\_\_\_

Has the student previously received Special Education Support? Yes  No 

Type of program (if known): \_\_\_\_\_

Is the student currently under suspension from any school or board? Yes  No Is the student currently under expulsion from any school or board? Yes  No **FOR SECONDARY SCHOOL USE ONLY:**

Proof of Literacy Test Result Received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transcript Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Entered ONT Sec. Schools after Grade 9:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cohort Year:	_____ (school year)	

Previous Community Service Hours completed outside Toronto District School Board: \_\_\_\_\_ hours

Grade 10 Literacy Test successfully completed (Please provide proof of results) Yes  No **MEDICAL INFORMATION**Proof of Immunization Record Shown Yes  No 

Health Card No. \_\_\_\_\_ (Version No.) (optional but recommended)

**Medical Conditions:**

If your child has medical needs or conditions of which the school should be aware, please describe the condition(s) below:

_____	<b>Life Threatening</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SIBLING INFORMATION:** (if the student has brothers or sisters in this school, please indicate)

Last Name

First Name

1) \_\_\_\_\_

2) \_\_\_\_\_

**INDIGENOUS STUDENT SELF-IDENTIFICATION:**

All parents/guardians of Indigenous students, and students where they are 18 years of age or older, have the right to voluntarily self-identify. Please check the most appropriate box to indicate Indigenous Identity (if applicable). Please select one box only.

<input type="checkbox"/> First Nation Ancestry (Status or non-Status)	<input type="checkbox"/> Aboriginal person from outside Canada
<input type="checkbox"/> Metis Ancestry <input type="checkbox"/> Inuit Ancestry	<input type="checkbox"/> Other

**PARENTS OR LEGAL GUARDIAN INFORMATION ONLY**

If Parents are separated or divorced they must provide the school with information about the custody/access arrangements with respect to their child, as per the Ontario Student Record Guidelines.

Documentation Received: Yes  No  Not Applicable

Contact priority should be based on whom to call in the case of an emergency and/or school closure  
 Note: If e-mail address is provided, the school **may** use it for contact purposes.

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(Please check all applicable boxes.) Male  Female

Legal documents (custody order) are required in order for us to process a change to our records.

**Relationship:**  Access to Child  Guardian  Lives with Student  Access to Records  
 Mother  No Access  Custody  Receives Mail  Speaks School Language  
 Father  
 Foster Parent  
 Legal Guardian (Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Listed: Yes  No

Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\* \_\_\_\_\_  
 Consent for emails for a commercial nature\*\* \_\_\_\_\_ (Initial) [if you do not consent, please leave blank]

**Home Mailing Address** (complete if different from student)

Number \_\_\_\_\_ Street \_\_\_\_\_

Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(Please check all applicable boxes.) Male  Female

Legal documents (custody order) are required in order for us to process a change to our records.

**Relationship:**  Access to Child  Guardian  Lives with Student  Access to Records  
 Mother  No Access  Custody  Receives Mail  Speaks School Language  
 Father  
 Foster Parent  
 Legal Guardian (Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Listed: Yes  No

Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\* \_\_\_\_\_  
 Consent for emails for a commercial nature\*\* \_\_\_\_\_ (Initial) [if you do not consent, please leave blank]

**Home Mailing Address** (complete if different from student)

Number \_\_\_\_\_ Street \_\_\_\_\_

Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

If a parent/guardian cannot be contacted use the following emergency contact:

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female  Relationship to student: \_\_\_\_\_

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female  Relationship to student/comment: \_\_\_\_\_

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

ADDITIONAL STUDENT INFORMATION: (if required for school)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## For Funding Purposes

Fees Required if: (Approved by TDSB Admissions Office)

- Student is a non-resident pupil on a Study Permit.
- Student is a Visitor to Canada
- Fees are paid by the Government of Canada
- Fees are paid by a Native Education Authority

If uncertain, please consult or refer parent/guardian to the Toronto District School Board Admission Office, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, or call (416) 395-8120.

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions about this collection should be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, Tel. (416)397-3288.

\*Email address will be used to provide information such as student progress and information nights and information from Board officials or the Board of Trustees that relate to the education of students or operation of schools.

\*\*Email address will also be used to provide information of a commercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. CASL prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Toronto District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.