

INSTRUCTIONS

This registration package is for Grade 8 students who are OUT-OF-DISTRICT for Sandwich Secondary School and fall into one of the following three categories:

- are currently enrolled in a Catholic elementary school (either English or French)
- are currently enrolled in a Private school
- currently enrolled in a school board outside Windsor-Essex

To locate your home school based on your residency go to www.buskids.ca and click on the BUS PLANNER WEB button at the top right-hand corner... click on Can I Ride a Bus?... next enter your address... the Board is Greater Essex County DSB... enter your child's Grade. If your child is in French Immersion, please indicate accordingly in Program area.

NOTE: BUSSING IS NOT AVAILABLE FOR OUT-OF-DISTRICT STUDENTS.

PARENTS/GUARDIANS WILL NEED TO DROP OFF/PICK UP THEIR CHILD EACH SCHOOL DAY.

1. Follow the Registration Checklist provided and return all requested documentation along with the \$50 registration fee.
2. Complete all paperwork that requires parental signatures.
3. If your child has a current IEP at their elementary school, include a copy with the registration package.
4. Ensure that your child's name is printed at the top of each page of the package.
5. Place all your paperwork in a sealed envelope.

The deadline to return the registration package is **Friday February 19, 2021 at 3 pm**. A dropbox will be positioned in front of the main doors at Sandwich Secondary School beginning Monday, February 8, 2021. Packages can be returned during normal business hours from Monday, February 8 – Friday, February 19, 2021 between 8 am – 3 pm. The dropbox will not be available on weekends.

REGISTRATION CHECKLIST for NON-PUBLIC SCHOOL STUDENTS WHO LIVE OUT-OF-DISTRICT

In order to complete registration, please be sure to have the following documents completed/copied:

- Completed Grade 9 Course Selection Sheet, signed by a parent/guardian;
Note: Please note on this form if student has an IEP.
- Completed **Secondary School Student Registration Form** with parent/guardian signature;
Note: If student is **not** born in Canada, please let us know as there is an additional document to complete after registration. Contact Guidance at (519) 734-1237 ext. 31206 for further instructions.
- Cheque** made payable to Sandwich Secondary School for \$50 (includes cost of a lock);
- Completed **Consent for Use of Student Image and Work** form;
- Copy of student's **birth certificate** or **passport**;
- Copy of student's **immunization record**;
- Copy of student's most recent **report card**;
- Verification of residency (e.g. copy of current **phone/utility bill** showing parent/guardian's name and address or other documents deemed acceptable by the school);
- Copy of student's **June report card** when it becomes available.

Other documentation may be required in certain circumstances.

GRADE 9 COURSE SELECTION SHEET 2021-2022

Student's Name: _____ Elementary School: _____

Compulsory Courses - Please circle six (6) compulsory selections below:

1. **English - choose academic, applied or locally developed**
ENG 1D English, Academic
ENG 1P English, Applied
ENG 1L English, Locally Developed

2. **Mathematics - choose academic, applied or locally developed***
MPM 1D Principles of Mathematics, Academic
MFM 1P Foundations of Mathematics, Applied
MAT 1L Mathematics, Locally Developed

3. **Science - choose academic, applied or locally developed**
SNC 1D Science, Academic
SNC 1P Science, Applied
SNC 1L Science, Locally Developed

4. **Canadian and World Studies - choose academic or applied**
CGC 1D Issues in Canadian Geography, Academic
CGC 1P Issues in Canadian Geography, Applied

NOTE: French Immersion students must select one of the following:

- CGC 1DF Enjeux géographiques du Canada, Academic
CGC 1PF Enjeux géographiques du Canada, Applied

5. **French as a Second Language - choose academic or applied**
FSF 1DC Core French, Academic
FSF 1PC Core French, Applied

NOTE: French Immersion students must select one of the following:

- FIF 1DC Français Immersion, Academic
FIF 1PC Français Immersion, Applied

6. **Health and Physical Education - choose female or male**
PPL 1OF Healthy Active Living Education, Female
PPL 1OM Healthy Active Living Education, Male
PAI 1O Healthy Living, Individual & Small Group Activities - Hockey (Co-Ed)

NOTE: French Immersion Students must select:

- PPL 1OOF Vie Active et Santé, Co-ed

Elective Courses - Please circle two (2) elective selections below and choose an alternate from this list.

1. **The Arts** AMI 1O - Instrumental Music OR AVI 1O - Visual Arts
2. **Business** BTT 1O - Information/Communication Technology in Business
3. **Social Sciences** HIF 1O - Exploring Family Studies
4. **Technological Education** TIJ 1O - Exploring Technologies
5. **Native Languages** LNO AO - Ojibwe OR LNN AO - Oneida
6. **Hockey Phys Ed** PAI 1O - Healthy Living, Individual & Small Group Activities (if not chosen above)

ALTERNATE ELECTIVE (in case first two selections are full): _____

_____ Date

_____ Parent Signature

* pending direction from Ministry of Education



GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD

Secondary School Student Registration Form



Out of District	Y	N	Approved:	Y	N	District School:
Last School Attended:			City:			Province:
Student Number:			OSR			French Immersion
Admission Date (yyyy/mm/dd)			School Fees Owing			Paid
Transcript			HomeRoom			Grade

STUDENT INFORMATION

Have you ever attended this school before? Yes No

Legal Last Name: _____

Legal Given Names: _____

Common Last Name: _____ Common Given Names: _____

Phone: Primary _____ Unlisted No phone

Birthdate (yyyy/mm/dd) _____ / _____ / _____ Gender M F

Have you ever attended a school within GECDSSB? _____ Ontario? _____ Did you attend Gr 9 in Ontario? _____

If yes, which school, if different from last school attended: _____ Gr. 8 School: _____

DEMOGRAPHIC INFORMATION

Custody:	<input type="checkbox"/>	Lives With:	<input type="checkbox"/>	If Custody is not joint:
Joint		Both Parents		Court Order
Mother	<input type="checkbox"/>	Mother	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
Father	<input type="checkbox"/>	Father	<input type="checkbox"/>	Copy Received
Grandparent(s)	<input type="checkbox"/>	Shared (alternate basis)	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
Guardian	<input type="checkbox"/>	Father & Stepmother	<input type="checkbox"/>	Transportation Eligible
Exclusive/Self	<input type="checkbox"/>	Mother & Stepfather	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
CAS	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Transportation Requested
Sibling	<input type="checkbox"/>	Exclusive/Self	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N
		Step Parent	<input type="checkbox"/>	
		Other	<input type="checkbox"/>	

PROOF OF RESIDENCY DOCUMENT MUST BE SHOWN AT TIME OF REGISTRATION

Parent/Guardian 1: Name: _____ Dr/Mr/Mrs/Ms/Miss _____

or Self Apt No _____ House No _____ Street Name _____

City _____ Postal Code _____

Address Type (office use) Primary Phone: _____ Cell: _____

Home Employer: _____ Business Phone: _____

e-mail address: _____

RESIDENCY DOCUMENT: (2 recent documents)

Property Tax Bill	<input type="checkbox"/>	Utility Bill	<input type="checkbox"/>	Income Tax Assessment	<input type="checkbox"/>
Home Insurance Policy	<input type="checkbox"/>	Cable Bill	<input type="checkbox"/>	Offer to Purchase within 90 days	<input type="checkbox"/>
Bank Statement	<input type="checkbox"/>			Valid Ontario Driver's License (not temp)	<input type="checkbox"/>
				Mortgage, rental or lease agreement with official receipt	<input type="checkbox"/>

Parent/Guardian 2: Name: _____ Same as above Y N _____

Dr/Mr/Mrs/Ms/Miss _____

Address Type (office use) Apt No _____ House No _____ Street Name _____

City _____ Postal Code _____

2nd Report Primary Phone: _____ Cell: _____

Self Employer: _____ Business Phone: _____

e-mail address: _____

CONTACT 3

Contact:	C.A.S	<input type="checkbox"/>	Step Parent	<input type="checkbox"/>	Last Name	_____
	Emergency	<input type="checkbox"/>	Friend of Parent	<input type="checkbox"/>	Given Name	_____
			Grandfather	<input type="checkbox"/>	Employer	_____
			Grandmother	<input type="checkbox"/>	Home	_____
			Neighbour	<input type="checkbox"/>	Other	_____
			Aunt	<input type="checkbox"/>		
			Uncle	<input type="checkbox"/>		
			Other	<input type="checkbox"/>		

CONTACT 4

Contact:	C.A.S	<input type="checkbox"/>	Step Parent	<input type="checkbox"/>	Last Name	_____
	Emergency	<input type="checkbox"/>	Friend of Parent	<input type="checkbox"/>	Given Name	_____
			Grandfather	<input type="checkbox"/>	Employer	_____
			Grandmother	<input type="checkbox"/>	Home	_____
			Neighbour	<input type="checkbox"/>	Other	_____
			Aunt	<input type="checkbox"/>		
			Uncle	<input type="checkbox"/>		
			Other	<input type="checkbox"/>		

MEDICAL INFORMATION

Written permission received to administer EPI-PEN Y N

Does your child have an EPI-PEN? Y N

If yes, list allergy(ies) _____

Special Instructions or other medical conditions _____

Self ID

<input type="checkbox"/>	2	First Nations
<input type="checkbox"/>	3	Metis
<input type="checkbox"/>	4	Inuit

Office Use Only

Ontario Information (Required by Ministry)		Board Status	<input type="checkbox"/>	B Pupil of the Board
Status in Canada	<input type="checkbox"/>	1	Canadian Citizen	G Govt of Canada
	<input type="checkbox"/>	3	Permanent Resident or Landed Immigrant	I Independent Study
	<input type="checkbox"/>	4	Student Visa	N Native Student
	<input type="checkbox"/>	5	In Canada on the authority of another Visa	O Other Student
	<input type="checkbox"/>	6	None of the above and attending an offshore school	V Student on Visa
	<input type="checkbox"/>	7	Refugee Status	

**IF NOT BORN IN CANADA BOARD SB20E-ESL ELIGIBILITY FORM MUST BE COMPLETED
(To determine tuition and exemption use PUPIL ELIGIBILITY FOR TEMPORARY RESIDENT)**

Source Document: Birth Certificate	<input type="checkbox"/>	OR	<input type="checkbox"/>
Authority Expiration Date (yyyy/mm/dd)	_____	Country of Citizenship Other Than Canada (800)	_____
Birth Country other than Canada (800):	_____		
Entry to Canada (yyyy/mm/dd)	_____	From:	_____
First Language Other than English (01)	_____	If Born in Canada, which Province	_____
Instruction Language	<input type="checkbox"/>	E-English	<input type="checkbox"/>
Language of Correspondence	<input type="checkbox"/>	1-English	<input type="checkbox"/>
Previous Instruction Language	<input type="checkbox"/>	E-English	<input type="checkbox"/>
French Immersion	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			F-French
			2-French
			F-French
			No

Signature of Parent/
Guardian or Self if over 18

Date

This information is collected pursuant to the Greater Essex County District School Board Privacy Policy and Regulation HR-14 as set out in the Education Act and its regulations. This information will become part of the Ontario Student Record (OSR) and opportunities will be provided to update this information annually. This information is collected for educational, transportation and safety purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989 and Canada's Anti Spam Legislation 2014. If you have provided your email address(es) above, you consent to receive digital communication from GECDSB that may include messages of commercial nature. You may withdraw consent any time at <https://cast.publicboard.ca/>. Select information will be shared as required and will be used for educational purposes for planning and programming, and to assist with transitions into secondary school. Any questions with respect to this information should be directed to the Principal of the school in which the student is applying and or registered.



CONSENT FOR USE OF STUDENT IMAGE AND WORK

Dear Parents/Guardians:

Many opportunities are presented throughout the school year to share positive stories about what is going on in our schools.

This "Consent for Use of Student Image and Work" form is seeking your authorization for your child's recorded image, voice or work to be used by the media or in Board publications, presentations, social media and on websites.

I hereby give permission for _____'s
recorded image (photo or video), voice or work to be used by the
media or in Board publications, presentations, social media and/or
on websites. Yes
 No

This consent form will remain in effect throughout the student's school career at the GECDSE unless the parent/guardian or student (if over 18 years of age) requests its removal.

School: _____

Parent/Guardian Name: _____

Please print clearly

Parent/Guardian Signature: _____

Student (18 years or older): _____

Please print clearly

Student (18 years or older) Signature: _____

Date: _____

Please file in OSR