

REGISTRATION PACKAGE FOR OUT OF DISTRICT NON-GECD SB STUDENTS

INSTRUCTIONS

This registration package is for Grade 8 students who are OUT-OF-DISTRICT (i.e. home residence is located outside the buskids boundary, see below to locate your HOME school) 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 but are relocating to a residence within 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.
2. Complete all paperwork and be sure to sign all forms that require 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 **Thursday February 17, 2022 at 3 pm**. Packages can be returned during normal business hours from Monday, February 7 – Thursday, February 17, 2022 between 8 am – 3 pm.

Please contact the school when you arrive @ 519-734-1237, EXT 31206 or 31201 and someone will come out to retrieve it from you.

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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;
- 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.



GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD

Secondary School Student Registration Form



Out of District	<input type="checkbox"/> Y	<input type="checkbox"/> N	Approved:	<input type="checkbox"/> Y	<input type="checkbox"/> N	District School:
Last School Attended:	City:		Province:			
Student Number:	OSR		Paid		French Immersion	
Admission Date (yyyy/mm/dd)	School Fees Owing		Grade			
Transcript	Transfer Form		HomeRoom			

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

Same as above Y N

Parent/Guardian 2: Name: _____ 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	_____
		<input type="checkbox"/>	Grandfather	<input type="checkbox"/>	Employer	_____
		<input type="checkbox"/>	Grandmother	<input type="checkbox"/>	Home	_____
		<input type="checkbox"/>	Neighbour	<input type="checkbox"/>	Other	_____
		<input type="checkbox"/>	Aunt	<input type="checkbox"/>		
		<input type="checkbox"/>	Uncle	<input type="checkbox"/>		
		<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	_____
		<input type="checkbox"/>	Grandfather	<input type="checkbox"/>	Employer	_____
		<input type="checkbox"/>	Grandmother	<input type="checkbox"/>	Home	_____
		<input type="checkbox"/>	Neighbour	<input type="checkbox"/>	Other	_____
		<input type="checkbox"/>	Aunt	<input type="checkbox"/>		
		<input type="checkbox"/>	Uncle	<input type="checkbox"/>		
		<input type="checkbox"/>	Other	<input type="checkbox"/>		

MEDICAL INFORMATION

Written permission received to administer EPI-PEN

Does your child have an EPI-PEN? Y N

Y N

If yes, list allergy(ies)

Special Instructions or other medical conditions

Office Use Only

Ontario Information (Required by Ministry)

Status in Canada	<input type="checkbox"/>	1	Canadian Citizen
	<input type="checkbox"/>	3	Permanent Resident or Landed Immigrant
	<input type="checkbox"/>	4	Student Visa
	<input type="checkbox"/>	5	In Canada on the authority of another Visa
	<input type="checkbox"/>	6	None of the above and attending an offshore school
	<input type="checkbox"/>	7	Refugee Status
Self ID	<input type="checkbox"/>	2	First Nations
	<input type="checkbox"/>	3	Metis
	<input type="checkbox"/>	4	Inuit

Board Status	<input type="checkbox"/>	B	Pupil of the Board
	<input type="checkbox"/>	G	Govt of Canada
	<input type="checkbox"/>	I	Independent Study
	<input type="checkbox"/>	N	Native Student
	<input type="checkbox"/>	O	Other Student
	<input type="checkbox"/>	V	Student on Visa

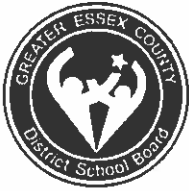
**IF NOT BORN IN CANADA BOARD SB20E-ESL ELIGIBILITY FORM MUST BE COMPLETED
(To determine tuition and exemption use PUPIL ELIGIBILITY FOR TEMPORARY RESIDENT)**

Source Document:	Birth Certificate	<input type="checkbox"/>	OR	<input type="checkbox"/>	Country of Citizenship Other Than Canada (800)	_____
Authority Expiration Date (yyyy/mm/dd)	_____					
Birth Country other than Canada (800):	_____					
Entry to Canada (yyyy/mm/dd)	_____		From:		If Born in Canada, which Province	_____
First Language Other than English (01)	_____				Entered from which Province	_____
Instruction Language	<input type="checkbox"/>	E-English	<input type="checkbox"/>	F-French		
Language of Correspondence	<input type="checkbox"/>	1-English	<input type="checkbox"/>	2-French		
Previous Instruction Language	<input type="checkbox"/>	E-English	<input type="checkbox"/>	F-French		
French Immersion	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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://casl.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 GECDSB 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