

REGISTRATION PACKAGE FOR FEEDER SCHOOLS

INSTRUCTIONS

This registration package is for Grade 8 students who fall into one of the following two categories:

- GECDSB students currently enrolled at one of Sandwich Secondary School's feeder schools (see list below)
- GECDSB students who are not in district for Sandwich Secondary School, but have been approved and notified that they can attend as out-of-district students

Feeder Schools to Sandwich Secondary School include:

Bellewood Public School, Giles Campus Public School, LaSalle Public School,
Legacy Oak Trail Public School and Sandwich West Public School

**NOTE: BUSSING IS NOT AVAILABLE FOR APPROVED 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. Be sure to sign all paperwork that requires parental signatures.
3. Ensure that your child's name is printed at the top of each page of the package.
4. Place all your paperwork in a sealed envelope.

The deadline to return the registration package to your child's Grade 8 teacher is **Thursday February 17, 2022 at 3 pm**. After that date, packages can be returned to Sandwich Secondary School during normal business hours 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.

REGISTRATION CHECKLIST for FEEDER SCHOOL STUDENTS

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

- myblueprint courses chosen and parent-approved online per instructions;
- Completed **Secondary School Student Registration Form** with parent/guardian signature;
- Completed **Transportation Application Form** with parent/guardian signature **ONLY** if eligible;

Check your eligibility online at www.buskids.ca by clicking 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.

- Completed **Consent for Use of Student Image and Work** form with parent/guardian signature;
- Copy of student's **birth certificate** or **passport**.

Other documentation may be required in certain circumstances.

Sandwich Secondary School

Online Course Selection Instruction Sheet

Go to: www.myblueprint.ca/greateressex and select

- School Account Log In
- Log on with your Username and Password
- If requested, enter Diploma: OSSD and School: Sandwich Secondary
- Select High School on the left-hand side of the screen (you may have to first select the 3 short horizontal lines) and then Add Plan

Step 1 Add Courses

- Select compulsory subjects by clicking on the + button in each of the first six course boxes. Next, choose a specific course from the choices available and click Add Course.
- Next select elective courses by clicking on the + button in the last two course D. Be sure to click the Grade dialogue box at the top of the menu and select Grade 9 (do not choose a course from any other grade). Move through the following disciplines to see all options available to you:
 - Arts (AMI1O or AV11O)
 - Business Studies (BTT1O)
 - FNMI Studies (LNNAO or LNOAO)
 - Health & PE (PA11O)*
 - Social Science (HIF1O)
 - Tech Education (TIJ1O)(note: only courses with a 4th character of 1 or A may be selected)
- When you have decided on an elective, select it and then click Add Course.
- Choose an alternate elective as well. Be sure to toggle to Grade 9 once again at the top of the screen.
- Select Review Course Selections and then Continue.

Step 2 Review Courses

- Review your selections with a parent/guardian and make any necessary changes.
- When you are content with your course selections, select the green Submit Course Selection button near the top of the screen. Once you submit, you will not be able to make any changes online. If a change is needed at this point, contact Guidance.

Step 3 Submit Courses

- A Success message should appear at this point.
- You must now gain paperless parental/guardian approval by selecting Send Approval Email and entering a parent/guardian email address. Once your parent/guardian receives the email, they must select Approve Course Selection. You should then be able to see that your course selections have been approved in myBlueprint. Please note:

YOU HAVE NOT COMPLETED COURSE SELECTION UNTIL YOUR PARENT/GUARDIAN HAS APPROVED YOUR COURSE SELECTION THROUGH THEIR EMAIL.

DEADLINE FOR ALL PAPERWORK IS THURSDAY FEBRUARY 17, 2022

IMPORTANT: The deadline date of February 17, 2022 is critical. Accurate numbers are needed to determine course offerings, staffing and timetabling. There is no guarantee that the courses selected after this date will be available.

* You can only select this elective if you didn't already select it as a compulsory course.



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 GECSDB? _____ 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					

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	_____
			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	<input type="checkbox"/>	1	Canadian Citizen	G Govt of Canada
In 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"/>	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://eastpublicboard.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.



Service de transport des élèves

Windsor - Essex

Student Transportation Services

TRANSPORTATION APPLICATION FORM

(to be completed by parent / guardian - one form per student)

*******PLEASE READ REVERSE SIDE BEFORE COMPLETING*******

Today's Date: _____ Transportation **EFFECTIVE** Date: _____

TYPE OF APPLICATION:

New Registration to the School: Yes ___ No ___ Change of Address Only: Yes ___ No ___
Change/Update Information (i.e. phone numbers, JK/SK Designates, etc) Yes ___ No ___

School: _____ Grade: _____ Fr. Imm Yes ___ No ___

Student's Name: _____

Student ID # (Not OEN): _____ (obtain from secretary)

Parent's / Guardian's Name: _____

Home Address: _____ City/Town: _____

Home Phone: _____ Postal Code _____

EPI-PEN Yes ___ No ___ If yes, list allergy(ies) _____

Contact Name & Phone Number will be extracted from student information system.

Designate (Person(s) to meet JK/SK's at the Bus Stop): _____

TRANSPORTATION ADDRESS:

If Transportation other than the home address is required i.e. Daycare, Caregiver etc, see below

Pick Up Address: _____

Drop Off Address: _____

NOTE: ONE DROP-OFF & ONE PICK-UP ADDRESS ONLY - NO ALTERNATE ADDRESSES

**** STUDENTS MUST RIDE CONSISTENTLY ****

NOTE: By signature below, you authorize the exchange of student data information among the Board, STS and the Bus Company (by signed privacy protection agreements) in order to maintain the necessary safety levels for the transportation of our students.

Parent/Guardian Signature _____

Parents/Guardians must realize that transportation may be provided for eligible students only and that riding a school bus is a privilege and not a right of the pupil.





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.

	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

This consent form will remain in effect throughout the student's school career at the GECDSD 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