Continuing and Community Education

International & Indigenous Languages (Elementary)

Age Eligibility:



Children MUST be 4 years old

REGISTRATION FORM

at the time of registration Please complete form clearly and accurately. Language Date of · All students should bring proof of age of Study: (e.g., a copy of the birth certificate or passport) **Birth** Month Day Year • Proof of address (e.g., Child Tax Benefit Student Information School statement, utility bill) Site: Sex: M F Last Name (Birth Certificate): First Name (Birth Certificate): Address: Apt/Unit: Proof of Ontario residency is required. City: Province: Postal Code: Tel. (H): List any allergies or medical condition we should be aware of: Medical Information Will your child require an epipen/other medication during school hours? Current Day School (Full name please): Current Grade: School Board: ☐ Ottawa Catholic ☐ Ottawa Public ☐ French Catholic **Day School** Information ☐ French Public Other: First Name: Last Name: Last Name: First Name: Tel (W): Tel (C): Tel (W): Tel (C): arent/Guardian CONTACT E-MAIL ADDRESS: *Email account holder's signature of consent [see below] Parent/Gardian Signature *CONSENT TO RECEIVE ELECTRONIC COMMUNICATION in compliance with the Canadian Anti-Spam Legislation (CASL) **Parent/Guardian Signature: Your signature above represents your express consent for the OCSB to send you electronic messages for the following: newsletters, important messages regarding events, notice of cancellations, yearbook sales, field trips, lunch, milk and pizza sales, student photos and fundraisers. To be completed by I & IL Site Administrator/Office Assistant **COLLECTION OF PERSONAL INFORMATION Indicate which Proof of Age was shown: The information collected on this form is ☐ Birth Certificate Passport ☐ Report Card – **OEN #**: collected under the authority of the Ministry of Education, and under the following Proof of address (Type of document submitted): legislation: the Education Act, the Municipal Freedom of Information & Protection of Name of Instructor: _____ Privacy Act (MFIPPA) & the Personal Health Information Protection Act (PHIPA). Registered by: Date: ___