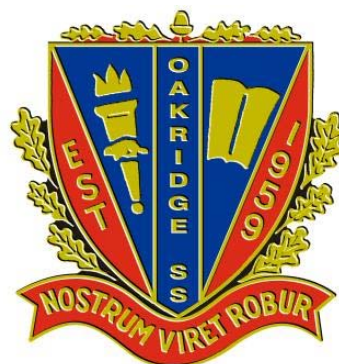


Oakridge Secondary School

1040 Oxford Street W.

London, ON N6V 1M4

519-452-2750



Grade 10-12 **Out of Area** Registration Form

School Year: 2020-2021

Student Name:	
Student Birthdate:	
Student OEN:	
Previous School Name:	

PLEASE NOTE: Registration Deadline is February 14, 2020

Students under 18 require a parent/guardian present at their registration interview.

Students registered in a TVDSB school are reminded to keep their student information up-to-date in their current school in order to have the records up-to-date when the information is transferred to Oakridge over the summer. Transportation to and from school is solely the responsibility of the student.

For course descriptions and selections refer to the course selection guide on our website:

www.tvdsb.ca/oakridge

Principal: Mr. M. Phillips

Vice Principal: Mrs. L. Denning

School Use Only:

Parents must provide ORIGINAL DOCUMENTS for viewing to Oakridge staff.

- Proof of Age (i.e. Canadian Birth Certificate, Passport or Immigration documents)
- Proof of Canadian Citizenship or Permanent Resident
- Proof of Address (i.e. Current Utility bill) – Driver's License is not acceptable
- Copy of IEP (individual education plan) - if applicable
- Letter from TVDSB Finance Dept. confirming non-resident fees have been submitted
- First Date of Entry into Canada form and relevant immigration documentation (Students born outside of Canada)
- ROAC paperwork (International/Out of Province students)
- Custody documents (if applicable)

Thank you for choosing Oakridge Secondary School



Student Registration Form

School Student Enrolling At: _____

SCHOOL USE ONLY <input type="checkbox"/> Pupil of the Board <input type="checkbox"/> Other Pupil	Teacher _____
Trillium No. _____	Grade/Homeroom _____
OEN _____	Signature School Staff: I certify that the information contained on this form is accurate and that documentation has been verified
Admit Date _____	_____

STUDENT INFORMATION

Legal Last Name _____	Preferred Last Name _____
Legal First Name _____	Preferred First Name _____
Legal Middle Name _____	Date of Birth (YY/MM/DD) _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate
Home Phone # (____) ____-____ Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Passport <input type="checkbox"/> Registration of Birth
Siblings Attending this School _____	First Language Learned in the Home _____
Indigenous Self-Identification <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	Languages Spoken at Home _____

STUDENT HEALTH AND MEDICAL ALERT INFORMATION

Specify _____

If student has any prevalent medical conditions please complete the appropriate forms through the parent portal or at the school: Individual Plan of Care; Authorization for Administration of Daily Prescription Medication; and/or Authorization for Administration of PRN Prescription Medication.

CITIZENSHIP

Country of Birth _____ Province _____

If student not born in Canada: Country of Last Residence _____ Country of Citizenship _____

Date student entered Canada for the first time to live (YY/MM/DD) _____ First Date of Entry into Canada Form Complete

STUDENT ADDRESS

Home Address _____	Proof of Address
Street # Street Name Apt#	<input type="checkbox"/> Current Agreement of Purchase and Sale/Lease Agreement
City/Town/Municipality Postal Code	<input type="checkbox"/> Current Utility Bill
	<input type="checkbox"/> Current Property Tax Bill
	<input type="checkbox"/> Current Home Phone/Cable/Internet Bill
	<input type="checkbox"/> Other: please specify * _____
	Note: *Driver's license is not acceptable for audit purposes.

PREVIOUS SCHOOL INFORMATION

Name of School _____	Language of Instruction <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other
Name of Board _____	Program Instruction <input type="checkbox"/> Regular <input type="checkbox"/> Specialized Program
Town/Province/Country _____	(Describe) _____
Last Date Attended _____	<input type="checkbox"/> ESL <input type="checkbox"/> IEP <input type="checkbox"/> IPRC
Grade Last Attended _____	OEN _____

PARENT/LEGAL GUARDIAN INFORMATION

Custody Information Both Parents Mother Only Father Only Shared Joint Guardian CAS

Legal Guardian Both Parents Mother Only Father Only Guardian Other CAS

Access to Records Both Parents Mother Only Father Only Shared Joint Guardian CAS

Living with Both Parents Mother Only Father Only Guardian Other CAS

Written Custody Agreement, or Court Order Provided Guardianship: Custody Agreement, or court order Provided

If there is no Custody Agreement, then all the following criteria must be met (check Yes or No) in order for the child to attend school without the payment of a tuition fee. If a response of "No" is indicated please refer student to International Admissions:

- Yes No The student is a Canadian citizen or a permanent resident of Canada.
- Yes No The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school. Immediate Family Relationship (please specify): _____
- Yes No The guardian is assuming full responsibility for the care and well-being of the student, and the student is residing with the guardian through the custody period.
- Yes No A written agreement is in place between the parents of the student and the guardian that sets out all of the above, as well as the respective responsibilities of the parents and the guardian.

Parent/Guardian: Relationship to Student _____ Cell Phone _____

First Name _____ E-mail _____

Last Name _____ Employment/Phone _____

Home Address _____ Contact Priority: Sickness/Medical First Second Third

Home Phone: _____ Emergency/Early School Closure First Second Third

Parent/Guardian: Relationship to Student _____ Cell Phone _____

First Name _____ E-mail _____

Last Name _____ Employment/Phone _____

Home Address _____ Contact Priority: Sickness/Medical First Second Third

Home Phone: _____ Emergency/Early School Closure First Second Third

Other (Please Specify): _____ Cell Phone: _____

First Name _____ E-mail _____

Last Name _____ Employment/Phone _____

Home Address _____ Contact Priority: Sickness/Medical First Second Third

Home Phone: _____ Emergency/Early School Closure First Second Third

It is the parent/guardian's responsibility to provide the school with written notification of relevant health and custody access information. For every student an Ontario Student Record (OSR) folder is maintained. This is a record of the student's school history and as such is a very significant document. Student's, parents/guardians of students under the age of 18, unless has been denied by a court order, have access to the OSR and are encouraged to confer with school officials regarding its contents. The above information has been provided with the approval of the individuals listed.

Parent/Guardian (Print Name) _____ Signature _____ Date (DD/MM/YY) _____

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 cE.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with an other Act. For questions about this collection, contact the Board's Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, ON N6A 5L1, Telephone 519-452-2000 ext. 20218.

**Oakridge Secondary School
Grade 10-12 Course Selection 2020-2021**

Student Name: _____

Is Student on an IEP? Please check one YES NO

Minimum credits required per year:
 Grade 10: 9 course selections to include Civics (.5) & Careers (.5) which total 8 credits & 2 alternates.
 Grade 11: 8 credits & 2 alternates.
 Grade 12: 6 credits (with 24 credits to date) & 2 alternates.

Students and Parents/Guardians: It is your responsibility to ensure that the correct courses have been selected for students to progress toward their Ontario Secondary School Diploma and post-secondary entrance requirements. For assistance with this, please refer to our website, www.tvdsb.ca/oakridge where you will find the current "Course Calendar" that contains Diploma Requirements, Course Descriptions and Course Codes. Please ensure that students have the correct prerequisites before selecting courses.

*Students who have applied for the **h @ h @ " h** please check box.
 (Gr 10-ENG2D6, FSF2D6, CHC2D6, SNC2D6, MPM2D6, MCR3U6)
 (Gr 11-ENG3U6, FSF3U6/FSF4U6, CGD3M6, MHF4U6, SBI3U6, and a choice of SCH3U6/SCH4U6 or CHA3U6/CHY4U6)

Course Requests
 Please list in order of priority. Refer to the Oakridge Course Calendar and list course code and course name. Incomplete forms will not be considered.

Course Code	Course Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Alternate #1:

Alternate #2:

Select **one** of the following:
 You plan to attend Oakridge for:
 Both Semesters
 or
 Semester 1 only
 or
 Semester 2 only

Music Repertoire Selections (band and/or choir) .5 credit:
 1.
 2.

Registration is INCOMPLETE without selected alternates.

X _____ Signature of Student	X _____ Signature of Father/Guardian	X _____ Signature of Mother/Guardian
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