



Renfrew County District School Board

RCJTC

Secondary Student Registration

Office Use Only		Year: (Circle One)	1	2	3	4	5
School	ARNPRIOR DISTRICT HIGH SCHOOL	Homeroom					
<input type="checkbox"/> Academic Transcript of Marks or Credit Counselling Summary	<input type="checkbox"/> Proof of birth _____	<input type="checkbox"/> Immunization Certificate/Letter of Refusal	<input type="checkbox"/> Citizenship/Immigration Verification	<input type="checkbox"/> RCDSB Student ID#: _____	<input type="checkbox"/> Cohort – Sch yr first entered gr 9 _____	<input type="checkbox"/> First Entry Dt to Secondary _____	<input type="checkbox"/> Proof of Residence (ie: lease or sales agreement, phone bill, driver's license)
<input type="checkbox"/> Most Recent Report Card	<input type="checkbox"/> Identified as an Exceptional Student	<input type="checkbox"/> IEP, IPRC, Assessments	<input type="checkbox"/> OEN Verified _____	<input type="checkbox"/> Volunteer Hours Completed _____	<input type="checkbox"/> Literacy Test Completed Date _____	<input type="checkbox"/> Admit Date _____	

Legal Name: _____ Surname First Name Middle Name	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Preferred Name: _____	Date of Birth: _____ YYYY MMM DD
Siblings attending ADHS: _____	
Aboriginal ID: <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> First Nation living on Reserve <input type="checkbox"/> First Nation living off Reserve <input type="checkbox"/> Non-native living on Reserve	
Country of Birth: _____	Canadian Province of Birth: _____
Country of Citizenship: _____	Arrival Date: _____ Expiry Date: _____
Status in Canada: _____	First Language: _____
Main Language at Home: _____	Spoken at Home: <input type="checkbox"/>
Previous School Attended: _____	
Address: _____ Phone: () _____	
Previous Board Attended: _____	
If student is entering from outside Ontario, please indicate province or country: _____	
Language of Instruction: _____	Departure Date: _____
Last Grade Attended: _____	Reason for Transfer: _____
Health Card Number: _____	Renfrew County District Health Unit Contacted: Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Peril: Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Alert Information/Disability/Allergies: _____	
Doctor's Name: _____	Telephone Number: () _____ Ext: _____
Student's Home Address (civic address <u>must</u> be recorded)	
City: _____	Township: Arnprior <input type="checkbox"/> Greater Madawaska <input type="checkbox"/> McNab/Braeside <input type="checkbox"/> Mississippi Mills <input type="checkbox"/> West Carleton <input type="checkbox"/> Other <input type="checkbox"/> _____
Province: _____ Postal Code: _____	
Number: _____ Street: _____	Apt: <input type="checkbox"/> Unit: <input type="checkbox"/>
Group Box: <input type="checkbox"/> PO Box: <input type="checkbox"/> _____	R.R.: _____
Home Phone Number: () _____	This is a: Landline <input type="checkbox"/> Mother's Cell <input type="checkbox"/> Father's Cell <input type="checkbox"/> Other <input type="checkbox"/> _____
Student's Cell: () _____	Student's Email: _____

Custody InformationWho has legal custody? Mother and Father Mother Only * Father Only* OtherAre there any special arrangements pertaining to access/visitation? Yes No

If yes, please specify and provide custody order. _____

*** Both parents have access to school records unless a custody order is provided.****First Guardian Contact Information**

Title: _____ First Name: _____ Surname: _____

Relationship to Student: _____ Gender: Female MaleAddress: Same as Student or: _____

Home Phone: () _____ Cell: () _____ Pager: _____

e-mail: _____

Business Phone: () _____ Employer Name: _____

Contact Priority: (circle one each) Emergency: 1 2 3 4 School Closure: 1 2 3 4

Lives with: Guardian: Custody: Receives Mail: Access to Records:**Second Guardian Contact Information**

Title: _____ First Name: _____ Surname: _____

Relationship to student: _____ Gender: Female MaleAddress: Same as Student or _____

Home Phone: _____ Cell: _____ Pager: _____

e-mail: _____

Business Phone: _____ Employer Name: _____

Contact Priority: (circle one each) Emergency: 1 2 3 4 School Closure: 1 2 3 4

Lives with: Guardian: Custody: Receives Mail: Access to Records:**Emergency Contact Information (other than guardians)**

Title: _____ First Name: _____ Surname: _____

Relationship to student: _____ Gender: Female MaleAddress: Same as Student or _____

Home Phone: _____ Cell: _____ Pager: _____

e-mail: _____

Business Phone: _____ Employer Name: _____

Contact Priority: (circle one each) Emergency: 1 2 3 4 School Closure: 1 2 3 4

Lives with: Guardian: Custody: Receives Mail: Access to Records:**Emergency Contact Information (other than guardians)**

Title: _____ First Name: _____ Surname: _____

Relationship to student: _____ Gender: Female MaleAddress: Same as Student or _____

Home Phone: _____ Cell: _____ Pager: _____

e-mail: _____

Business Phone: _____ Employer Name: _____

Contact Priority: (circle one each) Emergency: 1 2 3 4 School Closure: 1 2 3 4

Lives with: Guardian: Custody: Receives Mail: Access to Records:**Transportation Request**www.rcjtc.on.ca / publications / forms / student transportation request form (can be completed online)or call 1-888-732-8419 or email trans@rcjtc.on.ca

Signature: _____ Date: _____