



Moving On Up 2016

STUDENT REGISTRATION FORM

Please fill in all blank spaces and print clearly.

Student Trillium Number or Student OEN Number

Secondary School Location for September 2016/17

Student Birth Date: Ye Gender

Last Name First Name

Student Mailing Address Apt #

City Postal Code

Home Phone Number Alternate Phone Number

Email Address (Print Clearly)

Present School Present Grade (June 2016)

Health Card Number

Does your child have any medical conditions? YES NO

If "yes", please give additional information

Does your child have any allergies?

If "yes", please give the source of allergy, i.e. peanut, bees, etc.

Does your child require an Epi-Pen? YES NO

Emergency contact: Name Phone

I hereby approve that my son/daughter attend this orientation program.

Parent/Guardian Name (print clearly) _____

Signature of Parent/Guardian _____ Date _____

Signature of Principal/Designate _____ Date _____

Notice of Collection

The information you have provided is collected under the legal authority of the Education Act, R.S.O.1980, chapter 129, as amended, and will be used as necessary for administrative purposes and program placement. If you have any questions, please contact: Bonnie MacDonald, Teacher Coach, Continuing and International Education: 2 Grethwey Drive, Toronto, Ontario, M6M 4A8. [Email?](#) [Phone #?](#)