



# Moving On Up 2017

## STUDENT REGISTRATION FORM

Please fill in all blank spaces and print clearly.

Student Trillium Number or Student OEN Number

Secondary School Location for September 2017/18

Student Birth Date: Year  Month  Day  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 2017)

Health Card Number

Does your child have any medical conditions? YES  NO

If "yes", please give additional information

Does your child have any allergies? YES  NO

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 Number

*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 \_\_\_\_\_

*Principal/Designate signature is mandatory.*

### 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: Principal of the Secondary school where you will be attending in September 2017.



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## **Grade 8 students, get a head start on high school!**

**Where: Rosedale Heights School of the Arts  
address: 711 Bloor St. E. Toronto On M4W 1J4**

**When: Thursday August 31<sup>st</sup>.  
time: Registration 8:30 to 9am**

### **Join us for...**

- **Welcome Assembly**
- **Arts activities**
- **Lunch**
- **Distribution of packages**
- **Wrap-up finished about 12:30**

Please complete the registration form and return it to Rosedale Heights School of the Arts

Mail or e-mail to [helen.hayward@tdsb.on.ca](mailto:helen.hayward@tdsb.on.ca)

**Questions? 416-393-1590 Ext 20040 Or 20041**