



International Languages – Elementary/African Heritage Program – Registration Form

PLEASE NOTE: a \$20 non-refundable materials fee will be charged

Student Information

Choose only one:

Female Male Not Disclosed

Self Identified: _____

International Language School _____

Language _____

Student's Legal Surname (Family Name) _____

Student's Legal First Name _____

Date of Birth (Example: June 10, 2015) _____

(9 Numbers)

Day School _____

Grade _____

Ontario Education Number (OEN) _____

*You can find the OEN number on your child's Provincial report card.

Student Address Street Number and Name _____

Apt Unit _____

City _____

Postal Code _____

Parent(s) Or Guardian(s) Information

Name of Parent/Guardian _____

Home Phone Number _____

Cell Phone Number _____

Parent(s) or Guardian(s) Email Address _____

Work Phone Number _____

Name of Emergency Contact _____

Relation to Student _____

Emergency Contact Cell Number _____

Emergency Contact Phone Number _____

Student Health Information

Disclosing information about your child's health/needs is for the benefit of your child. This information will be kept confidential.

Health Card Number (optional) _____

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, e.g. peanuts, bees, dust, etc.

Does your child require an EpiPen: Yes No

If your child requires an EpiPen, please ensure that you have read Toronto District School Board's Procedure on Anaphylaxis. PR563 (<http://www.tdsb.on.ca/AboutUs/Detail.aspx?docID=282>). Please note that if you'll be registering your child for the Toronto District School Board International Language classes afterschool, in the summer, or on the weekend your child will need to carry their EpiPen on them for these classes.

I acknowledge that I have read and understand the above, including the Toronto District School Board's Procedure on Anaphylaxis.

Media Release

PART 1 – EVENTS

I, _____ hereby agree and give my permission for the Toronto District School Board and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the TDSB website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the TDSB. I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works. I understand that the Works may appear in electronic form on the internet or in other publications outside of the TDSB's control. I agree that I will not hold the TDSB responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded TDSB/school events and TDSB hosted events as described above.

Please mark this box if you **DO NOT WISH** your child to participate in recorded TDSB/school events and TDSB hosted events.

PART 2 – MEDIA SPECIFIC

I also understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the Toronto District School Board.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

* I declare that the information submitted on this page is true and complete to the best of my knowledge.

Pick Up Authorization & Payment

I hereby approve that my son/daughter will be picked up by _____
Full Name (s) _____ Relation to Student(s) _____

I will allow my child to go home alone. Yes No

Signature of Parent/Guardian
(MUST be signed with a pen, not typed)

Date _____

Signature of Registrar _____

Cheque # _____

Total amount received _____

Please print completed form, bring to school and pay the \$20 materials fee. Cash is not accepted. Only cheques, credit/debit card is accepted.