

INTERNATIONAL LANGUAGES – ELEMENTARY/AFRICAN HERITAGE PROGRAM – REGISTRATION FORM

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

USE **BLUE** or **BLACK** INK ONLY, PRESS **FIRMLY** WHEN WRITING. PRINT **CLEARLY** IN ENGLISH.

	STUDENT	INFORM	ATION							
	Choose only one: ☐ Female ☐ Male ☐ Not Disclosed									
				Self Identified:						
International Language School	Lang	uage		_						
Student's Legal Company (Family Name)	<u> </u>			/						
Student's Legal Surname (Family Name)	Student's Legal First	Name		Date of I	Sirtn (yyyy/	mm/aa)	1		1 1	
Day School			Grade			Ontario	Educa	tion Nu	ımber (O	
				*You can find the	DEN number					
TDSB or Non-TDSB Student										
Student Address Street Number and Name		Ap	t Unit	City		Posta	al Cod	e		
	PARENT(S) OR GUA	ARDIAN(S	S) INFORM	ATION———						
Name of Parent/Guardian Home Phone Number					Cell Phone Number					
Parent(s) or Guardian(s) Email Address				Work Ph	one Numbe	er				
Name of Emergency Contact				Relation	to Student					
Emergency Contact Cell Number				Emergei	ncy Contact	Phone N	Numbe	 er		
<i>,</i>				3	,					
	STUDENT HEA	LTH INFO	RMATION							
Disclosing information about your child's health/	needs is for the benefit o	of your child	. This informa	tion will be kept o	onfid entia	ıl.				
Health Card Number										
(optional)										
Does your child have any medical conditions:	☐ Yes	□ No								
bocs your crima have any medical conditions.			If Yes, please	give additional inf	ormation					
Does your child have any allergies:	Yes	☐ No								
			If Yes, please	give the source of	allergy, e.g.	. peanuts	s, bees	, dust, e	etc.	
Does your child require an EpiPen:	Yes	☐ No								
If your child requires an EpiPen, please ensure that you (http://www.tdsb.on.ca/AboutUs/Detail.aspx?docID: Language classes afterschool, in the summer, or on the summer of the summer of the summer.	=282). Please note that if y	ou'll be regis	tering your chi	ld for the Toronto	District Sch	ool Boar	d Inter	nation	al	
_	•		,							
I acknowledge that I have read and understand	the above, including the i	oronto Distr	ict School Boai	as Procedure on F	inapnyiaxis	•				
	MED!	IA RELEA	SE ———							
PART 1 – EVENTS	and aive my permission f	or the Toron	to District Scho	ool Poord and/or no	ertnors to re	sord film	n nha	toaran	h	
audiotape or videotape my/my child's name, image,		nance (herei	nafter collectiv	ely referred to as "\	Vorks") and	l to displ	ay, pu	blish or	r	
distribute these Works for the purpose of publishing television or radio as determined by the TDSB. I here										
unknown, and I waive any right to any royalties relat other publications outside of the TDSB's control. I ag										
Please mark this box if you AGREE that your child								•		
Please mark this box if you DO NOT WISH your ch										
PART 2 – MEDIA SPECIFIC				1.11.17				•		
I also understand that external media organizations photographed, filmed, audio-taped or videotaped for	•		,	•	_	t work, a	nd pe	formar	nce to b	
Please mark this box if you AGREE that your child	may participate in media	events that r	may be publish	ed or broadcast by	organizatio	ons exter	nal to	the Toi	ronto	
District School Board. Please mark this box if you DO NOT WISH your ch	nild to be photographed, f	ilmed, audio	-taped or video	otaped at media ev	ents.					
			·	•						
* 🔲 I declare that the information submitted on this	s page is true and complet	e to the best	of my knowled	dge.						
	— PICK UP AUTHOR	RI7ΔΤΙΩΝ	& DAVM	FNT						
I hereby approve that my son/daughter will be picke			. GIAIMI							
	Full Name (s)				Relatio	n to Stu	dent(s)		
I will allow my child to go home alone. Yes	J INO									
Signature of Parent/Guardian Date	Signature of I									

questions, please contact: Program Manager of International Languages, Continuing Education, Toronto District School Board at (416) 338-4100. Revised April 2016.