

REGISTRATION FORM

SCARBOROUGH CENTRE FOR ALTERNATIVE STUDIES

TORONTO DISTRICT SCHOOL BOARD

FOR OFFICE USE ONLY:

Track:
Program:
Admit Code:

Grade:
Admit Date:
Beginner
From Other School Board

Trillium Student Number:

Homeroom:
Adult: Yes No
From This Board
From Outside Canada

Ministry Id. No.:

Departed in Error
From Outside Province of Ontario

Receipt # Assessment Fee _____

Activity Fee _____/03 _____/04 _____/05

Date: _____ Counsellor: _____

New Enrol Re-Enrol Date of Enrolment:
Y Y M M D D

STUDENT INFORMATION: PLEASE PRINT

Legal Name: _____
Surname (Last Name) First Name Middle Name

Gender: Male Female Surname while attending school if different from above: _____

For Office Use Only:

Birth date verification document: _____

Does the student have siblings in the school: Yes No Date of Birth: ____/____/____
Year Month Day

Health Card Number: _____
(Optional) Version No.

Medical Alert Information or Disability: _____

Do you carry an Epi-Pen for a Life Threatening Medical Condition: Yes No

Please Note: In Case of Emergency, a second Epi-Pen must be stored in the main office of the school

For Office Use Only:

Immunization Record: Yes No

Birth Country: _____ Arrival Date in Canada (if country of birth is not Canada)

Status in Canada: _____
____/____/____
Year Month Day

Verification Document: _____ and if applicable Expiry Date ____/____/____
Year Month Day

First Language: _____

Home Address: _____
Street No. and Name Apt. # City Postal Code

Address Location: North York East York Scarborough Etobicoke Toronto York

Home Phone Number: (____) _____
Area Code Listed

Other Phone Number: (____) _____ Type: _____
Area Code Listed (e.g. cell, pager, etc.)

EDUCATIONAL BACKGROUND

Schooling Outside of Ontario

Location: _____

Highest level / grade earned: _____

Schooling Inside of Ontario

Name of school currently being attended: _____

Area of study: _____

Have you ever attended an Ontario high school studying high school credits? _____

Name of that school: _____

Location: _____

Date last attended: _____ Number of credits or grade level achieved: _____

CONTACT INFORMATION

Emergency Contact:

Name: _____ Male Female
Title Surname First Name Middle Name

Relationship to Student: _____

Home Phone Number: (_____) _____
Area Code Listed

Business Phone Number: (_____) _____
Area Code Listed

Cellular Phone Number: (_____) _____
Area Code Listed

E-Mail Address: _____

Address: _____
(if parent/guardian and doesn't live with student) Street No. and Name Apt. # City Province Postal Code

For Office Use Only:

Create OSR Send for OSR Request transcript from Archives

For Office Use Only:

Quick Add Full Registration