



SECONDARY STUDENT REGISTRATION FORM

Burlington Royal Arts Academy
www.BurlingtonRoyalArtsAcademy.ca

Notice to Parent/Guardian

Thank you for your interest in our school. To register a student, the parent/guardian is required to provide information to the school by completing this Registration Form. Ensure that you complete all sections and provide the school with all of the original documentation required, as noted on the form.

Notice of Collection and Use of Personal Information

Information on this Registration Form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of information and protection of Privacy Act [MFIPPA]. It will be used to establish the Ontario Student Record [OSR], and for student and education related purposes, such as registration, administration, communication, Data reporting, and Student Transportation. Student information such as name, D.O.B. and contact information is released to the Regional Health Units in accordance with the Health Protection and Promotions Act and the immunization of School Pupils Act. Questions or concerns should be directed to the principal of this school: info@BurlingtonRoyalArtsAcademy.ca

STUDENT INFORMATION SUMMARY				DATE {MM/DD/YYYY}:			
LEGAL LAST NAME			LEGAL FIRST NAME				
PREFERRED{USUAL}NAME			LEGAL MIDDLE NAME(S)				
BIRTH DATE-MM/DD/YYYY	GENDER Male <input type="radio"/> female <input type="radio"/>	LIVES WITH: Both Parents <input type="radio"/> Other {specify}: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian <input type="radio"/>	Is there a court order limiting access of one or both parents? Yes <input type="radio"/> No <input type="radio"/> (If yes , provide documentation)				
ADDRESS Apt/Unit House# Full Street Name City/Town Postal Code					HOME PHONE NUMBER		
Please help us to understand special living arrangements e.g., student does not live with a parent and/or custody orders by providing details here:							
LEGAL PARENTS and GUARDIANS							
NAME of LEGAL PARENT/GUARDIAN#1			PHONES(Indicate Home,Work or Cell)		H	W	C
ADDRESS(if different from student) Apt/unit House# Full Street Name City/Town Postal code			MAIN: 2 ND _____ 3 RD _____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			E-MALL ADDRESS(only if you consent to receive emails from the school):				
NOTES--PARENT/GUARDIAN#1 if you wish to provide information that will help us to understand the student's family context such as step -parent,common-law spouse							
NAME of LEGAL PARENT/GUARDIAN#2			PHONES(Indicate Home, Work or Cell)		H	W	C
ADDRESS(if different from student) Apt/unit House# Full Street Name City/Town Postal code			MAIN: 2 ND _____ 3 RD _____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			E-MALL ADDRESS(only if you consent to receive emails from the school):				
NOTES--PARENT/GUARDIAN#2 if you wish to provide information that will help us to understand the student's family context such as step -parent, common-law spouse							
NAMES OF SIBLINGS ATTENDING SCHOOL							

SCHOOL HISTORY		
DETAILS OF PREVIOUS SCHOOLING Public <input type="radio"/> Catholic <input type="radio"/> Private <input type="radio"/> Home Schooled <input type="radio"/> Out of province/County <input type="radio"/>		OEN(Ontario Education Number)if know
LAST SCHOOL ATTENDED		LOCATION
LANGUAGE OF LAST SCHOOL ATENDED English <input type="radio"/> French <input type="radio"/> English and French <input type="radio"/> Other(specify):		DATE OF ENTRY TO FIRST SECONDARY SCHOOL-DD/MM/YYYY
		Is student currently expelled from previous school? Yes <input type="radio"/> No <input type="radio"/>
Was Special Education Programming accessed at the previous school? Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/> If yes, was there an Individual Education Plan (IEP)? Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>		Grade student is entering:
ADDITIONAL INFORMATION(Artistic expertise)	FIRST LANGUAGE SPOKEN	
	English <input type="radio"/> French <input type="radio"/> Other(specify): Language currently spoken at home:	
CITIZENSHIP original Citizenship and Immigration documents must be produced if student is new to Ontario.		
Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Refugee Status <input type="radio"/> Other Visa <input type="radio"/> None of these <input type="radio"/>		
COUNTRY OF CITIZENSHIP	DATE OF ENTRY TO CANADA (if applicable)-DD/MM/YYYY	
COUNTRY/PROVINCE OF BIRTH	PREVIOUS PROVINCE/COUNTRY OF RESIDENCE	
EMERGENCY CONTACT/MEDICAL INFORMATION		
Does student have a condition that could lead to anaphylactic shock? Yes <input type="radio"/> No <input type="radio"/> if yes,please provide medical information/documentation		
Please provide medical information /documentation that the school needs to be aware of:		
EMERGENCY CONTACT (other than parent/guardian)	REATIONSHIP	PHONE
I have obtained the consent of the person(s) listed above to have their name and telephone number used for emergency purposes Yes <input type="radio"/>		

PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION

Media consent: I give permission for my child’s personal information (e.g., picture, video, name, school work) to appear on school websites, or the school’s social media outlets such as Instagram, Facebook, and Twitter accounts and in school - related stories in the newspaper, school brochures. I understand that by consenting, my child’s photo, video, school work, and/or name could be used in a way that makes it accessible to the public.

Yes No

Consent to Receive School Emails: Canada has implemented Anti-Spam legislation which requires us to have your consent to send you emails with content related to “commercial activity” such as information on yearbook sales, school fundraisers, field trips, student pictures, books, dance tickets, etc. If you wish to receive these emails, please indicate that here. You may withdraw your consent at any time by contacting the school.

Yes No

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform the school immediately of any changes to the information contained on this form.

SIGNATURE OF PARENET/GUARDIAN or STUDENT IF 18 YRS OR OLDER:

DATE:

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