INTERNATIONAL LANGUAGES - ELEMENTARY/AFRICAN

District School HERITAGE PROGRAM – REGISTRATION FORM

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

PLEASE PRINT THE FOLLOWING INFORMATION IN ENGLISH

Toronto

Signature of Parent/Guardian

Date

	STUDENT INFOR	RMATION ———	
Language School	Language		🗌 Female 🗌 Male
Student's Legal Surname (Family Name)	Student's Legal First Name	/_	 Date of Birth (yyyy/dd/mm)
Dntario Education Number (OEN)	Day School		
*You can find the OEN number on your child's Pro	vincial report card		
Student Address Street Number and Name Postal Code		Apt Unit	City
PAI	RENT(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 INFO		
Health Card Number			
Disclosing information about your child's hea	th/needs is for the benefit of y	our child. This informatio	on will be kept confidential.
Does your child have any medical conditions:	Yes	□ No	
Does your child have any allergies:	Yes	If Yes, please give add No If Yes, please give the	ditional information
Does your child require an EpiPen:	Yes	□ No	
If your child requires an EpiPen, please ensure that (http://www.tdsb.on.ca/AboutUs/Detail.aspx?doc International Language classes afterschool, in the International Language that I have read and underst	<u>ID=282</u>). Please, note, that if you'l summer, or on the weekend you	I be registering your child r child will need to carry th onto District School Board's	for the Toronto District School Board eir EpiPen on them for these classes.
PART 1 – EVENTS			
audiotape or videotape my/my child's name, ima or distribute these Works for the purpose of pub broadcasting on television or radio as determined the use is known to me or unknown, and I waive electronic form on the internet or in other publica arise from such unauthorized reproduction.	ge, student work, and performand lishing, posting on the TDSB webs d by the TDSB. I hereby waive any any right to any royalties related t ations outside of the TDSB's contr	ce (hereinafter collectively site, posting in schools, pos right to approve the use o to the use of these Works. rol. I agree that I will not ho	sting on social media sites and/or for of these Works now or in the future, whether I understand that the Works may appear in old the TDSB responsible for any harm that ma
Please mark this box if you AGREE that your c Toronto District School Board.	hild may participate in media eve	nts that may be published	or broadcast by organizations external to the
Please mark this box if you DO NOT WISH yo	ur child to be photographed, film	ed, audio-taped or videota	aped at media events.
PART 2 – MEDIA SPECIFIC I also understand that external media organizatio performance to be photographed, filmed, audio-	, , , , , , , , , , , , , , , , , , , ,		5
 Please mark this box if you AGREE that your c Toronto District School Board. Please mark this box if you DO NOT WISH yo 	2		
* 🗌 I declare that the information submitted on			
	ICK UP AUTHORIZATIO		
I hereby approve that my son/daughter will be pi	Full Name		Relation to Student
		1	

Notice of Collection: The information you have provided is collected in compliance with the Municipal Freedom of Information and Protection of Privacy Act. If you have any questions, please contact: Program Manager of International Languages, Continuing Education, Toronto District School Board at (416) 338-4100. Revised February 2016.

Signature of Registrar

Total amount received

Cheque #