



# 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)

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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.