



OTTAWA-CARLETON  
DISTRICT SCHOOL BOARD

# Continuing Education International Languages (After School) Student Registration

Language: \_\_\_\_\_ . Instructor: \_\_\_\_\_  
 Date of Registration: \_\_\_\_\_ Returning Student: YES NO

**STUDENT Personal Information**

First Name, Last Name \_\_\_\_\_

Student's Address (Apt #, Number and Street) \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ OHIP \_\_\_\_\_

Student's Present Day School \_\_\_\_\_ Grade in September \_\_\_\_\_

**PARENT(s)/GUARDIAN(s) Information**

(A)

First Name, Last Name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

(B)

First Name, Last Name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_  
 Telephone Number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

### STUDENT ALLERGY REPORT

It is very important that we are made aware of any serious allergies your child may have and what can be done in the event of an allergic reactions (other than to call 911). If your child has a life threatening allergy, please contact the Office (complete an Allergy Form)

Allergy: \_\_\_\_\_

Remedy: (e.g. Epi-Pen): \_\_\_\_\_

Doctor's Name/Phone Number: \_\_\_\_\_

Date \_\_\_\_\_

### STUDENT PHOTO RELEASE REPORT

Photos, videos, films or interviews will only be done with the prior knowledge and consent of the school principal or designate and will not be used for commercial gain.

I/we hereby consent to the inclusion of photographs of my/our child in the following:

- class pictures, yearbook, special events/awards, videos and films
- photographs, films or interviews taken by media as part of a school-related activity
- OCDSB publications produced by the Communications Department
- photographs for use on school Internet pages and OCDSB public web sites

Signature of Parent or Guardian \_\_\_\_\_

I/We hereby do not consent to the inclusion of any photographs of my/our child. (Please check if desired)

**\$20 Non-refundable consumable fee will be collected on the first day of class.**

Received:

**NEW!! IMPORTANT:** Please fill out as appropriate:

- will be picked up promptly by \_\_\_\_\_ (Name): Relationship: \_\_\_\_\_

- I hereby give permission for my child to walk home from school after the language class ends at \_\_\_\_\_ p.m. on \_\_\_\_\_ (day) and \_\_\_\_\_ (day).

- I hereby give permission for my child to walk to his/her Extended Day Program / Other After School Program in the school after the language class ends at \_\_\_\_\_ p.m. on \_\_\_\_\_ (day) and \_\_\_\_\_ (day).

The International Languages (Elementary) Program is mandated by the Ontario Ministry of Education and Training and is free to students eligible to attend Ontario Schools other than the activities and consumable learning materials fee that will be used in instruction. There will be a fee for out of province students residing outside the Province of Ontario. Cheques are payable to OCDSB International Languages Program.