



Secondary School Name \_\_\_\_\_

**Pre-Admission Questionnaire/Checklist**

**Please read carefully. The form must be completed in full and returned along with the appropriate documents (see Section C). Please note, pupils attending a Catholic secondary school are expected to complete 4 (four) religion credits and attend all religious ceremonies.**

**SECTION A**

Pupil Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Current School \_\_\_\_\_

Board:  YCDSB  Please indicate if you have a child currently enrolled in Gr. 9, 10 or 11

Other - please specify: \_\_\_\_\_

**SECTION B**

**CONSENT FOR PERSONAL INFORMATION SHARING**

Your child's personal information will be used by the principal(s) and teacher(s) of both the current school where the pupil is currently enrolled and the school to which the transfer is requested.

I, being the parent/legal guardian of the student named above (Section A), have read and understand how my child's personal information will be used. I voluntarily give my permission to use my child's personal information as described above.

Parent/Guardian/Student (if student is 18 years or older) Name: \_\_\_\_\_

Parent/Guardian/Student (if student is 18 years or older) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SECTION C**

Pupil registration can only be considered when the following information is attached:  
Please return this completed form and the indicated documents to the guidance office as soon as possible.

| DOCUMENTATION  | FOR SCHOOL USE ONLY      |         |                          |
|--|--------------------------|---------|--------------------------|
|  | Verified                 | Initial | Copy retained            |
| 1. Proof of age <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Live Birth (birth registration)<br><input type="checkbox"/> Passport <input type="checkbox"/> Other : _____   | <input type="checkbox"/> |         | NO                       |
| 2. Proof of legal status if not born in Canada (if 1 <sup>st</sup> Cdn entry date within 4 years TCH15A is required)<br><input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Legal document (as per page 4 of S1A)<br><input type="checkbox"/> Passport <input type="checkbox"/> Other  | <input type="checkbox"/> |         | NO                       |
| 3. Proof of residence – 2 pieces, one from each category (if family resides outside the school boundary or York Region, TCH19A is required).<br><input type="checkbox"/> <i>Property Tax bill</i> <input type="checkbox"/> <i>Driver's License</i><br><input type="checkbox"/> <i>Proof of purchase</i> <input type="checkbox"/> <i>Utility bill</i><br><input type="checkbox"/> <i>Lease/Rental Agreement</i> <input type="checkbox"/> <i>Bank Statement</i><br><input type="checkbox"/> <i>Other</i> _____ <input type="checkbox"/> <i>Other</i> _____ | <input type="checkbox"/> |         | NO                       |
| 4. Proof of Guardianship and/or Custody if not living with parent (Legal Guardian documentation)   |                          |         | <input type="checkbox"/> |
| 5. Most recent report card   |                          |         | <input type="checkbox"/> |
| 6. Credit counseling summary (if you are currently attending high school)  |                          |         | <input type="checkbox"/> |
| 7. IEP/Psychological Assessment - if applicable  |                          |         | <input type="checkbox"/> |

**PRE-ADMISSION QUESTIONNAIRE/CHECKLIST(CONT'D)**

**SECTION D**

**TO BE COMPLETED BY PRINCIPAL or DESIGNATE OF LAST SCHOOL ATTENDED IN ONTARIO:**

1. Principal's/Designate's observation regarding current program selection: \_\_\_\_\_

\_\_\_\_\_

2. Has this pupil had ESL support? NO  YES   
Will the student continue to need ESL Support? NO  YES

3. Is there a French exemption on file? NO  YES

4. List all suspensions/expulsions \_\_\_\_\_

\_\_\_\_\_

5. a) Does the pupil have an IEP? NO  YES   
b) Psychological Assessment? NO  YES   
c) Has the pupil been presented at an IPRC? NO  YES

If so, what is the exceptionality? \_\_\_\_\_

d) Description of any Special Education or Program Modifications/Accommodations currently receiving:

\_\_\_\_\_

\_\_\_\_\_

6. Rationale/Reason for request to move schools: \_\_\_\_\_

Sending School Principal/VP: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sending School Principal or Vice-Principal)

Phone Number: \_\_\_\_\_

**SECTION E FOR SCHOOL USE ONLY**

Interview Granted YES  NO  Admitted YES  NO

Comments: \_\_\_\_\_

**Principal's (or designate) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following documentation must be completed once approval for registration is given:

| DOCUMENTATION  | FOR SCHOOL USE ONLY |              |
|--|---------------------|--------------|
|  | Received            | Not received |
| 1. Secondary Student Application form  |                     |              |
| 2. FOI (Freedom of Information) form   |                     |              |
| 3. Direction of School Support/Lease (if applicable)   |                     |              |
| 4. Course Selection Sheet  |                     |              |
| 5. Use of Internet Consent form (page 1 remains with the pupil and page 2 is completed and returned with the registration package) |                     |              |
| 6. Immunization notice and CASL newsletter – information to be given to the applicant  |                     |              |

Posted to Maplewood: \_\_\_\_\_ Start Date: \_\_\_\_\_