



Registration Instructions

Please return the completed registration form(s) along with a photocopy of the following documentation:

1. Your child's Birth Certificate and/or Passport or Permanent Resident Card or Canadian Citizenship Card.
2. Proof of address i.e. telephone bill, hydro bill agreement to purchase, rental agreement etc.
3. Most recent report card and/or transcript.
4. IEP where applicable

A tour of our school may be arranged by calling the Guidance Dept. at Ext. 1410.

Please advise your child's current school of your intent to register at Huron Heights Secondary School.

1825 Strasburg Rd
Kitchener Ontario N2R 1S3
519-896-2631 / 519-896-1229 (fax)

Huron Heights Secondary School

Course Selection Form



Please print neatly!

Student Name: _____ Student ID#: _____

Date of Birth: _____ Gender: **M** **F** Phone #: _____

Current Secondary School: _____

Are you working towards your *Specialist High Skills Major*? YES NO

If yes, please indicate which *sector*: _____

Are you returning to Huron Heights next year? YES NO

If no, please indicate your plans:

- | | |
|---|---|
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Other Secondary School |
| <input type="checkbox"/> College | Name: _____ |
| <input type="checkbox"/> University | |
| <input type="checkbox"/> Work | |
| <input type="checkbox"/> Other: _____ | |

Course Selection Notes

- All students must select eight (8) courses.
- Carefully consult the Huron Heights Course Calendar supplement to select courses.
- Please enter codes neatly and accurately.
- It is important to make well-informed decisions, as we may be unable to facilitate course change requests.

Enter each character of the course code neatly and accurately:

Example:

E	N	G	3	U	I
----------	----------	----------	----------	----------	----------

for use with CHV2OH/GLC2OH only

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Student Signature: _____ Date: _____



STUDENT INFORMATION – PLEASE PRINT

Legal Surname: _____ Legal First Name: _____
Preferred Surname: _____ Preferred First Name: _____
Legal Middle Name: _____ Gender: Male Female
Home Phone: _____ Unlisted Date of Birth (dd-mmm-yyyy): _____
Is the student currently expelled from any school or school board? Yes No

Parent/Guardian Registration Checklist

In all instances, ORIGINAL documentation or officially certified true copies must be presented.

Completed Registration Form

Proof of student's age (present one original document from the list below)

- Canadian Birth Certificate / Birth Registration Card
- Canadian Citizenship Card / Certificate / Passport
- Permanent Resident Card / Confirmation of Permanent Residence
- Letter of Admission from International Admissions

Proof of address (present one original document from the list below)

- Current Utility Bill (water, hydro, gas, home phone, cable, internet)
- Government forms (i.e. Service Canada documents)
- Purchase Agreement / Tax Bill

Note: We cannot accept a Driver's License as a proof of address.

Proof of immunization

- To be submitted directly to the Region of Waterloo Public Health
 - Online at <https://e-immunization.regionofwaterloo.ca/> or calling 519-575-4400

Proof of custody

- Children must live with their parent(s) unless legal documentation supports an alternate living arrangement

Proof of education

- For Elementary students who are currently attending school in Ontario, please bring the most recent report card
- For Secondary students who are currently attending or have attended Secondary School in Ontario, please bring the most recent transcript, report card or credit summary report (if available)
- Notify school at time of registration if your child is registered currently in a specialized program such as Specialist High Skills Major (SHSM) (include sector), International Baccalaureate (IB), French Immersion (FI), English as a Second Language (ESL) or other programming
- Provide a copy of your child's supporting documents for identified resource assistance, if applicable

Information on this Registration Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information collected on this form will be used to establish the Ontario Student Record (OSR) and for other student and educational related purposes, such as registration, administrative, communication, data reporting and transportation. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the Principal of the school or the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.

STUDENT ADDRESS INFORMATION

Home Address: _____
Number Street Apt #

City / Town / Village / Municipality Province Postal Code

Mailing Address: Same as home address? Yes No If NO, please complete below

Number Street City / Town / Village / Municipality Province Postal Code

TRANSPORTATION ARRANGEMENTS FOR ELIGIBLE STUDENTS

The Board determines transportation eligibility. If a student is eligible for board-funded transportation, indicate where the student will be picked up and dropped off:

Picked up from Home Dropped off at Home Picked up from Caregiver Dropped off at Caregiver

Pick up Address: _____
Number Street City / Town / Village / Municipality Province Postal Code

Drop off Address: _____
Number Street City / Town / Village / Municipality Province Postal Code

PREVIOUS SCHOOL INFORMATION

Name of Previous School: _____

Previous School Address: _____ Language of Instruction: _____
City / Town / Village / Municipality Province

Previous School Board: _____

Last Date of Attendance: _____ Reason for Transfer: _____

Did the student ever attend a Waterloo Region District School Board School in the past (including International Languages)?

Yes No If yes, name school(s): _____

STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

Country of Birth: _____ If Canada, Province of Birth: _____

Citizenship: _____ Date Arrived in Canada: _____

First Language: _____ Language Spoken at Home: _____

STUDENT MEDICAL INFORMATION

(If this section is applicable to the student, there may be additional forms to be completed)

Allergies or Health Concerns: _____

Are any of the noted health concerns life threatening? Yes No Does the student require an epi-pen? Yes No

VOLUNTARY FIRST NATION, METIS AND INUIT SELF IDENTIFICATION

If you wish to declare that your child is a First Nation, Metis or Inuit person, please check one of the following boxes.

First Nation Metis Inuit

SPECIAL EDUCATION / IEP/ IPRC / ESL / ELD INFORMATION

Does your child receive any special education assistance (elementary or secondary)? Yes No

If YES, please provide details: _____

Has your child previously received English as a Second Language (ESL) or English Literacy Development (ELD) assistance? Yes No

If YES, please provide details: _____

PARENT / LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION

Is there a legal document that sets out custody and access to the student?

No Yes (please complete this section and provide school with copy of legal document for OSR)

Custody

Both Parents Mother Only Father Only Joint Legal Guardian C.A.S./F&CS Other: _____

If joint custody checked, please indicate schedule: Weekly Bi-Weekly Monthly Other: _____

Provide alternate address for joint custody: _____

Living With

Both Parents Mother Only Father Only Legal Guardian C.A.S./F&CS Other: _____

Contact 1 (Contact information for self, if student is over 18 years)

Name: _____ Male Female
 Title (Mr., Mrs., Dr., etc) Last Name First Name

Relationship to Student: _____

Employer (optional): _____

Please indicate the priority order

Home Number: _____

Business Number: _____

Cell Number: _____

Email: _____

Same as Student's Home Address Address below:

Check all applicable boxes

Has access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Receives Mail
	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Has access to Records
	<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks English
Emergency / Attendance Contact Priority		
<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third

Number Street City / Town / Village / Municipality Province Postal Code

Contact 2

Name: _____ Male Female
 Title (Mr., Mrs., Dr., etc) Last Name First Name

Relationship to Student: _____

Employer (optional): _____

Please indicate the priority order

Home Number: _____

Business Number: _____

Cell Number: _____

Email: _____

Same as Student's Home Address Address below:

Check all applicable boxes

Has access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Receives Mail
	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Has access to Records
	<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks English
Emergency / Attendance Contact Priority		
<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third

Number Street City / Town / Village / Municipality Province Postal Code

Contact 3

Name: _____ Male Female
 Title (Mr., Mrs., Dr., etc) Last Name First Name

Relationship to Student: _____

Employer (optional): _____

Please indicate the priority order

Home Number: _____

Business Number: _____

Cell Number: _____

Email: _____

Same as Student's Home Address Address below:

Check all applicable boxes

Has access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Receives Mail
	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Has access to Records
	<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks English
Emergency / Attendance Contact Priority		
<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third

Number Street City / Town / Village / Municipality Province Postal Code

PARENT/GUARDIAN/STUDENT (over 18) ACKNOWLEDGEMENT

I certify that the information that I have provided on this form is accurate. I understand that copies of custody documentation, if applicable, will be included in the Ontario Student Record (OSR).

Parent/Guardian/Student (over 18) Full Name Signature Date

SCHOOL CHECKLIST FOR STUDENT REGISTRATION (to be completed by School Staff)

Legal Last Name		WRDSB Student #	
Legal First Name		OEN #	
Entry Date	Entry Type	Grade	Class/Homeform

In all instances, ORIGINAL documentation or officially certified true copies must be present.

Proof of Age and Immigration Status and Language Information for Funding Purposes

- | | |
|---|--|
| <input type="checkbox"/> Canadian Birth Certificate / Registration Card
<input type="checkbox"/> Canadian Citizenship Card / Certificate
<input type="checkbox"/> Canadian Passport
<input type="checkbox"/> Canadian Permanent Resident Card
<input type="checkbox"/> Confirmation of Permanent Residence
<input type="checkbox"/> Letter of Admission from International Admissions Office | <input type="checkbox"/> Country of Birth _____
<input type="checkbox"/> Province / Territory of Birth (if Canada) _____
<input type="checkbox"/> Parent speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was English first language student learned at home?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Complete this section if the student is a Permanent Resident:

- | | |
|---|---------------------------|
| <input type="checkbox"/> Confirmation of Permanent Residence | Date became a P.R.: _____ |
| <input type="checkbox"/> Permanent Resident Card (see back of card) | Date became a P.R.: _____ |

Complete this section if the student is a Canadian Citizen born outside of Canada:

Date of entry is the date that students enters Canada to live, not a short term visit/vacation in Canada taken beforehand

- | | |
|---|---|
| <input type="checkbox"/> Canadian Passport | Original date of first entry to live in Canada: _____ |
| <input type="checkbox"/> Canadian Citizenship Certificate | Date of Entry Stamp in Passport: _____ |

Proof of Address/Residence in Waterloo Region

We can not accept Driver's License as proof of address

- | | |
|--|---|
| <input type="checkbox"/> Government Issued Forms | <input type="checkbox"/> Purchase / Lease Agreement |
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Tax bill |

Proof of Custody (where applicable)

- | | |
|--|---|
| <input type="checkbox"/> Living with custodial parent(s) | <input type="checkbox"/> Guardianship Agreement |
| <input type="checkbox"/> Custodial Court Order | |

Additional Documentation

- | | |
|--|---|
| <input type="checkbox"/> Report Card | <input type="checkbox"/> Transcript and/or Credit Summary Report (secondary students) |
| <input type="checkbox"/> IEP (if applicable) | <input type="checkbox"/> Other Program Documentation |

I certify that the information contained on this form is accurate and that I have examined and verified the applicable information as indicated.

Certified by:

Print name

Signature

Position

Date

This form and the information contained within it will be maintained in the Ontario Student Record.

Retention: E, plus 5 – file in OSR