



ST. BENEDICT CATHOLIC SECONDARY SCHOOL

GRADE 7/8 REGISTRATION FORM

2993 Algonquin Road, Sudbury, Ontario, P3E 4X5

<http://st-benedict.sudburycatholicsschools.ca/>

Telephone: 705-523-9235

Fax: 705-523-4115

<input type="checkbox"/> Grade 7 – English Curriculum	<input type="checkbox"/> Grade 8 – English Curriculum
<input type="checkbox"/> Grade 7 – French Immersion Curriculum	<input type="checkbox"/> Grade 8 – French Immersion Curriculum

PART A – STUDENT INFORMATION

OEN:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
DOB (mm/dd/yyyy)				
Legal Surname:	Legal Given Name:	House #	Apt #	P O Box
		Street Name:		RR #
Current Elementary School:		City:	Postal Code:	
Proof of Age <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Baptismal Cert. <input type="checkbox"/> Other		Telephone: ()		
<input type="checkbox"/> Canadian Citizen	Province of Birth:	<input type="checkbox"/> Landed Immigrant Status	Entry Date to Canada	Country at Birth:
		First Language		
Do you have any siblings attending St. Benedict? If yes, Name(s)				
Religion:		Parish:		
Aboriginal Status: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit				

PART B – PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian		
Surname, Given Name: Title		Surname, Given Name: Title		
<i>(if different from Student's address)</i>		<i>(if different from Student's address)</i>		
Address:		Address:		
City:	Postal Code	City:	Postal Code	
Home #	Cell #	Home #	Cell #	
Business #	Ext.	Business #	Ext.	
Email:		Email:		
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal guardians OR Other (please identify):				

PART C – EMERGENCY CONTACT INFORMATION

<i>In an emergency, the school will attempt to call either of the parent(s)/guardian(s). The information given here will only be used IF NEITHER PARENT(S)/GUARDIAN(S) can be reached.</i>	
Contact Person's Name:	Medic Alert Condition:
Telephone: Ext.	Disability Condition:
If your son/daughter has a particular medical problem that the school should know about in case of an emergency, please list it here:	

TRANSPORTATION (disclaimer)

"I consent to the collection, use and disclosure of the above noted personal information for the purpose of providing safe student transportation, and I understand that this information may be disclosed to the providers of such transportation."

PART D

Elementary School Principal's Comments (Applicable only to Sudbury Catholic District School Board)

Will an I.P.R.C. meeting be required? Yes No Exceptionality: _____

Principal's Signature: _____ Date: _____

Public Elementary School Students, please submit a copy of your most recent report card.

Parent(s)/Guardian(s) Signature: _____