

SECONDARY STUDENT REGISTRATION FORM – Contact North

349 Erie Avenue, Brantford, N3T 5V3 519-756-6301 1-888-548-8878 www.granderie.ca

Notice of Collection and Use of Personal Information

Information on this Registration Form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used to establish the Ontario Student Record [OSR], and for student and education related purposes, such as registration, administration, communication, data reporting, and Student Transportation Services Brant Haldimand Norfolk. Student information such as name, D.O.B. and contact information is released to the Regional Health Units in accordance with the Health Protection and Promotions Act and the Immunization of School Pupils Act.

Questions or concerns should be directed to the principal of this school or email info@granderie.ca

STUDENT INFORMATION SUMMARY			Contact North Site:	
LEGAL LAST NAME			LEGAL FIRST NAME	
PREFERRED (usual) NAME			LEGAL MIDDIE NAME(S)	
DIDUIT DAUDO A SA S /DD /XXXX	GENDER	ELEAH ADDDEGG		
BIRTH DATE - MM/DD/YYYY	Male Female	EMAIL ADDRESS		
ADDRESS	DRESS		PHON	NE NUMBER
Apt/Unit House #	Full Street Nam	e City/To	wn Postal Code	
SCHOOLHISTORY				
OEN (Ontario Education Number)			Year started high school:	
Last high school attended:			Last year of attendance at high school:	
ADDITIONAL INFORM	ATION			
SELF-IDENTIFICATION				
First Nations Métis	Inuit	Not Applicable		
CITIZENSHIP/STATUS	original Citizen		be produced if student is new to Grand Erie Dist	rict School Board
Canadian Citizen Pe	rmanent Resi	lent Refugee Status Stu	ly Permit/Visitor Record Diploma Statu	us/Minister's Permit
Exchange Student	Parent's Study	Permit Parent's Work Permi	t Other Status Not Applicable	
COUNTRY OF CITIZENSHIP			DATE OF ENTRY TO CANADA (if applicable) - DI	D/MM/YYYY
COUNTRY/PROVINCE OF BIRTH			PREVIOUS PROVINCE/COUNTRY OF RESIDENCE	
Release Authorizat	tion			
I give my authorization education centres.		d Erie District School Board to Ves No	etrieve my education records from my	previous schools and/or
I give my authorization the following person(s		•	release information regarding marks, a	ttendance and progress to
I authorize the Grand	Erie Learning Yes		ne/photo as a graduating student, if ap	pplicable.
I verify that the inform school immediately o SIGNATURE OF STUDENT	nation provi f any change	ded on this form is true and co s to the information contained	rrect. I understand that it is my respon	nsibility to inform the