



# PATRICK FOGARTY CATHOLIC SECONDARY SCHOOL

## 2013 - 2014 STUDENT REGISTRATION FORM



\* Please notify the main office of any changes to this information during the school year.

### **Personal Information:**

Student Legal Last Name:	Student Legal First Name:	Middle Name:	Student Preferred Name:
Gender: Male      Female	Date of Birth: (yy/mm/dd)		Home Phone:
Last School Attended and Town:		Grade Entering:	Religion: RC      Other
Do you have siblings attending Patrick Fogarty? Yes      No      Name(s): _____			

### **Transportation Information:**

(911) House #:	Apartment / Unit #:		
Street Name:	City / Town:	Postal Code:	

### **Parent / Guardian Information:**

Father Surname:		Mother Surname:		Guardian Surname:	
Given Name:		Given Name:		Given Name:	
Religion: RC      Other	Cell Phone:	Religion: RC      Other	Cell Phone:	Religion: RC      Other	Cell Phone:
Home Phone:	Work Phone:	Home Phone:	Work Phone:	Home Phone:	Work Phone:
Address same as student? Yes      No		Address same as student? Yes      No		Address same as student? Yes      No	
Email address:		Email address:		Email address:	
Can father be contacted in an emergency? Yes      No		Can mother be contacted in an emergency? Yes      No		Can guardian be contacted in an emergency? Yes      No	

### **Special Education Information:**

Has your child been identified through the IPRC process? Yes      No	If yes, what is the type of Resource Assistance? Indirect Resource      1 to 1 with EA Withdrawal
In what subject areas has your child received help? _____	

Office Use Only: OEN: _____	Bus:
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**Custody Information:**

Please provide a copy of custody documents if applicable.

Are there special custody arrangements for your child?      Yes      No	
If yes, who has custody?	
Who is the legal guardian?	Who has been denied access to the student?
Student resides with: Both Parents _____ Mother _____ Father _____ Guardian _____ CAS _____ Other _____	

**Emergency Information:**

Emergency Contact Name:	Relationship:	Phone:
Family Doctor's Name:	Phone:	Health Card Number:
Is there any medical information including allergies that the school may require in the event of an emergency? _____ _____		

**Code of Conduct:**

<p>All PF students are expected to:</p> <ul style="list-style-type: none"> <li>- fulfil the duties of a student (sincere effort, completion of assignments, etc.)</li> <li>- attend classes regularly (truancy results in loss of credit)</li> <li>- comply with the Patrick Fogarty Catholic Secondary School Uniform Policy</li> <li>- respect others and their property</li> <li>- respect our school property and the school rules</li> </ul>
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**Signature of Parent / Guardian:** \_\_\_\_\_**Signature of Student:** \_\_\_\_\_

<p>Information Releases:</p> <ul style="list-style-type: none"> <li>- The Municipal Freedom of Information and Protection of Privacy Act requires written consent before personal information may be released by an institution.</li> <li>- I give permission for the use of my child's name and photograph to be used in any media event related to Patrick Fogarty Catholic Secondary School.</li> <li>- I give permission for Patrick Fogarty Catholic Secondary School staff to contact my child's previous school for student information.</li> </ul> <p>Parent Signature: _____      Date: _____</p>
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