



**YORK CATHOLIC DISTRICT SCHOOL BOARD**

**Secondary Student Registration Form**

**School Name**

**First Parent/Guardian**

Mr. / Mrs. / Ms. (please circle one)

Name: \_\_\_\_\_  
Last Name First Name

Relationship to Student	Mother	Father	Proof of legal guardianship and/or documentation is required for any of the following:		
	Step-Mother	Step-Father	Foster Mother	Grandmother	Guardian
			Foster Father	Grandfather	Group Home

Citizenship: Canadian Citizen Permanent Resident Non-Landed Refugee Work/Study Permit Diplomat Status

Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer # (incl. Ext.) \_\_\_\_\_

PARENT / GUARDIAN



Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

### STUDENT ELIGIBILITY ATTESTATION FORM

Parent **must** present proof of student's **Date of entry** is the date that the student enters Canada to live, not a short-term visit/vacation in Canada taken beforehand. Check off the document presented, and the date on the document (should match the date of entry). **Only one document is required. Date format is (Month/Day/Year).**

**TCH15** is required for **students born in qualifying countries** and their **Date of Entry is within the last 4 years**; qualifying countries are **all** countries except Australia, Great Britain, Ireland, New Zealand and USA.

STUDENT'S LEGAL STATUS AND SUPPORTING DOCUMENTS	STUDENT'S COUNTRY OF BIRTH	STUDENT'S DATE OF ENTRY *	VERIFIED & INITIALED		TCH15 REQ'D
<b>Canadian Citizen (born in Canada):</b> Province: _____ Permanent Resident    Parent/Guardian    Student Permanent Resident Card/Confirmation of Permanent Residence	Canada	N/A			
<b>OR Awaiting Determination:</b> Documentation from Immigration, Refugees and Citizenship Canada (IRCC) confirming approval in principle Type of Document Reviewed: _____					
<b>OR</b> <b>OR</b> intention to remain permanently in Canada Type of Document reviewed: _____					
<b>Refugee Status:</b> Refugee Protection Claimant Document from IRCC					



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ School Year: \_\_\_\_\_

**MEDICAL INFORMATION**

**Note: The Principal may shnBT/F3 9.96f1 01 0hnthi**

**EMERGENCY PROCEDURES AND CONSENT FORM**