

Banting Memorial High School

203 Victoria Street East,
Alliston, Ontario L9R 1G5
Tel: (705) 435-6288 Fax: (705) 435-3868

Student: _____

Appointment Date: _____ Time: _____

With: _____ Location: Guidance Office

If you are under the age of 18, a parent or guardian must attend your registration appointment at Banting.

Required Documentation

Note: These documentation items are required before registration can begin.

1. **PROOF OF ADDRESS** (in Simcoe County District School Board area):
Please note: Driver's License is not acceptable

One of the following:

- | | |
|--|---|
| <input type="checkbox"/> Purchase Agreement | <input type="checkbox"/> Credit Card Summary |
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Formal Lease/Rental Agreement |
| <input type="checkbox"/> Property Tax Assessment | <input type="checkbox"/> Bell Canada or Cable Hook-up order |
| <input type="checkbox"/> Bank Statement (with envelope processed by Canada Post) | |

2. **PROOF OF CANADIAN CITIZENSHIP:**

One of the following:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Record Landing IMM 1000 |
| <input type="checkbox"/> Birth Registration Card | <input type="checkbox"/> Permanent Resident Card |
| <input type="checkbox"/> Citizenship Card | <input type="checkbox"/> Admission Letter (from Newcomer Welcome Centre) |
| <input type="checkbox"/> Citizenship Certificate | |

3. **IMMUNIZATION RECORDS** (if registering from outside of Simcoe County):

- Yellow Card Simcoe Muskoka District Health Unit Form (attached)

4. **ACADEMIC DOCUMENTATION:**

- Student Transcript or Status Sheet (not required for Grade 8)
AND
- Most recent Report Card or Grade 8 final Report Card (incoming Grade 9 only)
AND WHERE APPLICABLE:
- A current timetable
- Literacy Test Results
AND/OR
- Copy of I.E.P.

6. **PROOF OF CUSTODY** (where applicable)

Thank you. Being prepared for your registration appointment will make the process more efficient and the transition to Banting Memorial much easier.

NOTE: OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED.

Student Information

BASIC INFORMATION			
Legal Name:			
Legal Last Name		Legal First Name	Legal Middle Name
Preferred Name (if different from legal name, please indicate below):			Sex (per birth documentation):
Preferred Last Name		Preferred First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:			
Month (mm)		Day (dd)	Year (yyyy)
Grade Entering:		Home Phone Number (###-###-####):	<input type="checkbox"/> Unlisted

ADDRESS			
Property Address:			
House # / 911 #		Street Name	Apt. # / Suite # / Unit #
City / Town / Municipality		Province	Postal Code
Mailing Address: <input type="checkbox"/> Same as Property Address above (if not the same as Property Address, please provide below)			
House # / 911 #		Street Name / R.R. #	P.O. Box
City / Town / Municipality		Province	Postal Code

MEDICAL INFORMATION			
Life Threatening Medical Conditions			
Does the student have a "Life Threatening" medical condition?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:			
Does the student require an EPIPEN?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require Insulin, Glucagon, other? Please specify:			
Non-Life-Threatening Medical Conditions			
Are there any non-life-threatening medical conditions the school should be aware of?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details:			

COUNTRY OF BIRTH, CITIZENSHIP AND LANGUAGE			
Country of Birth:		Province of Birth (if born in Canada):	
If not born in Canada, original date of first entry into Canada:			
Month (mm)		Day (dd)	Year (yyyy)
Country of Citizenship:			
Residence Status in Canada:			
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa		<input type="checkbox"/> Other Visa <input type="checkbox"/> Refugee Status	
First Language:		Language Spoken at Home:	

VOLUNTARY: SELF-IDENTIFICATION OF FIRST NATION, MÉTIS AND INUIT STUDENTS			
Simcoe County District School Board is committed to providing programs that result in improved success for First Nation, Métis and Inuit Students. All First Nation, Métis and Inuit Students have the right to voluntarily self-identify in accordance with SCDSB Policy 4195, Voluntarily, Confidential Self-Identification of First Nation, Métis and Inuit Students.			
If choosing to self-identify, please check the appropriate box:			<input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit

Parent/Guardian Information

CUSTODY, COURT ORDER, AND LIVING WITH INFORMATION			
Custody:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Joint	<input type="checkbox"/> Exclusive
	<input type="checkbox"/> Crown	<input type="checkbox"/> Special Arrangement	
Court Order filed in OSR:	Student Living With (please specify):		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

PARENT / GUARDIAN #1			
Relationship to Student:	Work Phone (### ### ####):		
Last Name:	Work Ext.:		
First Name:	<input type="checkbox"/> Not to be contacted at work		
Home Phone (### ### ####):	Cell Phone (### ### ####):		
Email Address:			
Address (if different from student):	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality		Province
			Postal Code
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT / GUARDIAN #2			
Relationship to Student:	Work Phone (### ### ####):		
Last Name:	Work Ext.:		
First Name:	<input type="checkbox"/> Not to be contacted at work		
Home Phone (### ### ####):	Cell Phone (### ### ####):		
Email Address:			
Address (if different from student):	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality		Province
			Postal Code
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT / GUARDIAN #3			
Relationship to Student:	Work Phone (### ### ####):		
Last Name:	Work Ext.:		
First Name:	<input type="checkbox"/> Not to be contacted at work		
Home Phone (### ### ####):	Cell Phone (### ### ####):		
Email Address:			
Address (if different from student):	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality		Province
			Postal Code
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT / GUARDIAN #4			
Relationship to Student:	Work Phone (### ### ####):		
Last Name:	Work Ext.:		
First Name:	<input type="checkbox"/> Not to be contacted at work		
Home Phone (### ### ####):	Cell Phone (### ### ####):		
Email Address:			
Address (if different from student):	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality		Province
			Postal Code
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Guardian Information (continued)

PARENT / GUARDIAN #5			
Relationship to Student:		Work Phone (### ### ####):	
Last Name:		Work Ext.:	
First Name:		<input type="checkbox"/> Not to be contacted at work	
Home Phone (###.###.####):		Cell Phone (###.###.####):	
Email Address:			
Address (if different from student):	House # / 911 #		Apt. # / Suite # / Unit #
	Street Name		Postal Code
	City / Town / Municipality		Province
Contact in Case of Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	To receive Mail / Correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Information (other than parent/guardian)

EMERGENCY CONTACT #1			
Relationship to Student:		Work Phone (### ### ####):	
Name (Last Name, First Name):		Work Ext.:	
Home Phone (###.###.####):		Cell Phone (###.###.####):	
Address (if different from student):	House # / 911 #		Apt. # / Suite # / Unit #
	Street Name		Postal Code
	City / Town / Municipality		Province

EMERGENCY CONTACT #2			
Relationship to Student:		Work Phone (### ### ####):	
Name (Last Name, First Name):		Work Ext.:	
Home Phone (###.###.####):		Cell Phone (###.###.####):	
Address (if different from student):	House # / 911 #		Apt. # / Suite # / Unit #
	Street Name		Postal Code
	City / Town / Municipality		Province

EMERGENCY CONTACT #3			
Relationship to Student:		Work Phone (### ### ####):	
Name (Last Name, First Name):		Work Ext.:	
Home Phone (###.###.####):		Cell Phone (###.###.####):	
Address (if different from student):	House # / 911 #		Apt. # / Suite # / Unit #
	Street Name		Postal Code
	City / Town / Municipality		Province

Siblings Attending a Simcoe County District School Board School

ELEMENTARY AND SECONDARY				
Sibling's Last Name	Sibling's First Name	Relationship	SCDSB School	Grade

Educational Background

PREVIOUS SCHOOL ATTENDED			
Grade at Previous School:	French Program at Previous School: <input type="checkbox"/> Core <input type="checkbox"/> Extended <input type="checkbox"/> Immersion		
Name of Previous School:	Phone Number (###-###-####):		
Address of Previous School:	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality	Province	Postal Code
	Last Date of Attendance:	Month (mm)	Day (dd) Year (yyyy)
IF THE PREVIOUS SCHOOL ABOVE IS NOT AN SCDSB SCHOOL, THE SCHOOL IMMUNIZATION HISTORY FORM SHOULD BE COMPLETED			
Student was previously registered at a SCDSB School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year of attendance at the SCDSB School:	YYYY
If "Yes" name of the most recent SCDSB school attended:			
Student's legal name was the same as entered on Page 1:	If "No" provide student's previous legal name below:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Legal Last Name		Previous Legal First Name
SPECIAL EDUCATION ASSISTANCE			
Student previously received Special Education assistance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Student has been identified through the IPRC process (Identification Placement and Review Committee):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student has an IEP (Individual Education Plan):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SUSPENSIONS/EXPULSIONS			
Is the student currently suspended from any school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes", Name of school:			
Has the student ever been expelled from another school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes" Name of school:			
Was the student re-enrolled in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ENGLISH AS A SECOND LANGUAGE			
Has the student previously received ESL assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ADDITIONAL INFORMATION			
Safety Plan for the student is on file in the OSR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student requires an Individual Student Transportation Plan (ISTP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
FOR SECONDARY STUDENTS ONLY			
Date the student started Grade 9:	Month (mm)	Day (dd)	Year (yyyy)
Grade 10 Ontario Secondary School Literacy Test (OSSLT) successfully completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Community Involvement hours completed to date:	hours		
Athletic Eligibility			
Athletic eligibility at this school may be restricted under certain circumstances for the next 12 months if the student is transferring from another secondary school. If the student wishes to be involved in athletics at the new school, a ruling under OFSAA transfer policy must be obtained. Please contact the school athletic director for these forms.			
ACKNOWLEDGEMENT			
Personal information collected on this form will be used to establish the Ontario Student Record (OSR), support the provision of educational services and to administer health and first aid services and/or medical emergency response to students as required. Information is collected under the authority of the s.170, s.190, s.264, and/or s.265 of the <i>Education Act</i> and <i>Sabrina's Law</i> in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Please refer to the Student Information Practices statement available on the Simcoe County District School Board website for further information at www.scdsb.on.ca . Questions regarding information collected on this form should be directed to the school principal.			
ADDITIONAL INFORMATION			
I certify that the information that I have provided on this form is accurate and current to the best of my knowledge. I understand that copies of Custody documentation, if applicable, will be included in the OSR.			
Parent/Guardian/Adult Student:	Please Print	Signature	Date (mm/dd/yyyy)



School Immunization History

Student Information	
<ul style="list-style-type: none"> Please attach a copy of your child's immunization record Parent to complete the following form at the time of school registration, and return to the school to forward to the health unit 	
Child's Legal Surname	Other Surnames (if any)
Legal First Name	Preferred Name
Date of Birth <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Ontario Health Card Number
Legal Parent / Guardian	Legal Parent / Guardian
Preferred Mailing Address	Alternate Mailing Address
City	City
Postal Code	Postal Code
Preferred Phone _____ (circle one) Home Cell Work	Preferred Phone _____ (circle one) Home Cell Work
Alternate _____ (circle one) Home Cell Work	Alternate _____ (circle one) Home Cell Work
School that child is or will be attending	
Previous School (please indicate name of the school)	

When your child receives their next immunization(s), please call the health unit or complete the secure electronic form on our website at www.simcoemuskokahealth.org/immsonline to update their immunization record in our database. Immunization records and updates are NOT automatically provided by your doctor.

The Simcoe Muskoka District Health Unit is required under the Immunization of School Pupil's Act (ISPA) to collect and maintain up-to-date records of immunization for every child registered in school. **The ISPA states that parents are required to provide the health unit with proof of completed immunization for measles, mumps, rubella, tetanus, diphtheria, pertussis (whooping cough), polio, varicella (chickenpox) and meningitis.**

***Note: Chickenpox vaccine is required beginning with children born in 2010 and later**

If a parent chooses not to immunize their child, they must complete either a Statement of Medical Exemption (Form 1) or Statement of Conscience or Religious Belief Affidavit (Form 2). Please contact the health unit for more information.

This information is collected under the authority of the Health Protection and Promotion Act R.S.O 1990 c.H.7., s.4 and the Immunization of School Pupil's Act. The personal health information collected on this form will be used to maintain immunization records and to monitor the use of vaccines for public health purposes. Questions regarding the collection and use of personal health information should be directed to the Office of the Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperlberg Drive, Barrie ON L4M 6K9, 705-721-7520 or 1-877-721-7520.

**Welcome to
BANTING MEMORIAL HIGH SCHOOL
Student Questionnaire**

Please complete this questionnaire prior to your registration appointment.

Name: _____ D.O.B. _____

Address: _____

Town: _____ Telephone #: _____

Previous School: _____

Reason for change of School: _____

Do you currently have an Individual Education Plan? Yes No

Have you ever had an Individual Education Plan? Yes No
If yes, in what grade(s)? _____

1. What year did you enter grade 9? _____

2. How many credits have you earned to date? _____

3. Have you completed any Community Service Hours? Yes No If yes, how many?: _____

4. Have you passed the Ontario Literacy Test? Yes No Not written yet _____

5. Please comment on your overall:

➤ **Attendance:** (last year) less than 10 absences _____ 10 to 30 _____ over 30 _____

➤ **Achievement:** Excellent _____ Good _____ Fair _____ Poor _____

➤ **Behaviour:** Excellent _____ Good _____ Fair _____ Poor _____

5. Have you been suspended from school during the past 2 years? If so, for what reason: _____

6. Are you currently under expulsion, or being considered for expulsion, by a school board?
If yes, please explain: _____

7. Do you have any life threatening allergies or medical conditions the school needs to be aware of?
Yes No If yes, please briefly explain: _____

8. Did you participate in any co-curricular/sports activities in your previous school?
(please list and state the year you participated):

9. Do you plan to try out for any sports this year at Banting? Yes No
If yes, please specify: _____

10. What is your goal while attending Banting M.H.S.? _____

11. Do you have any thoughts about your future destination? _____

Date

Signature of Applicant

Date

Signature of Parent/Guardian

Notice of Collection: The information you have provided is collected under the legal authority of Section 265(d) of the Education Act R.S.O., 1990, Chapter E2 as amended, and may be used for administrative purposes related to school programs and records; for determining eligibility for attendance; to make suitable provision for health and safety; in case of emergency; and for liaison with outside agencies as necessary and lawful, the Simcoe County District School Board and Ministries of the Government of Ontario. Questions should be directed to the Principal.

BANTING MEMORIAL HIGH SCHOOL

In order to create a comfortable and safe environment for everyone attending Banting Memorial High School, all students must agree to abide by the Simcoe County District High Schools Policy, the Banting Memorial High School Code of Student Behaviour, and the Banting Memorial High School Dress Code.

I, _____ have discussed the Simcoe County District School Board Safe Schools Policy, The Banting Memorial High School Code of Student Behaviour, and the Banting Memorial High School Dress Code with the school administrator/Guidance counsellor facilitating my registration.

I agree to abide by the policies and behaviours outlined, and understand that a contravention of these may result in consequences as outlined in the policies. I hereby give permission to the administration of Banting Memorial Secondary High School to contact my previous school(s) to obtain information regarding my school history.

Date: _____

Student Name (please print): _____

Student Signature: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Administrator/Counsellor Signature: _____