We welcome you to the Providence Reformed Collegiate community! Please fill out this registration form and email it to [office@providencerc.com](mailto:office@providencerc.com). Also include a copy of your teen’s birth certificate and most recent report card.

# Personal Information

**Student Name**: Last name, first name, middle name **Date of Registration**: Click to enter date.

**Date of Birth:** Month, day, year **Grade of Entry**: Grade level

**Born in Canada?** Yes No **Born in which province (or state/country)**: Province/State

# Parent Information

**Father Name:** Last name, first name, middle name or initial **Mother Name**: Last name, first name, middle name or initial

**Workplace**: Home/company/organization name **Workplace**: Home/company/organization name

**Cell phone**: --- --- ---- **Cell phone**: --- --- ----

**Work phone**: --- --- ---- **Work phone**: --- --- ----

**Email:** address@domain.com **Email:** address@domain.com

# Family Information

**Address**: Street Address **RR# or PO Box**: RR# or PO Box

**City**: City name **Postal Code**: --- ---

**Transportation required?** Yes No

**Church Name**: Church name **Church City**: Church city

List younger children and provide birth dates and schooling information – *Please supply information as of date of registration above, and please list information on additional children at the end of the form*.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Birth Date (MM/DD/YYYY)** | **Name of School** | **Grade** |
| First Name | Month, Day, Year | Click or tap here to enter text. | Grade |
| First Name | Month, Day, Year | Click or tap here to enter text. | Grade |
| First Name | Month, Day, Year | Click or tap here to enter text. | Grade |
| First Name | Month, Day, Year | Click or tap here to enter text. | Grade |
| First Name | Month, Day, Year | Click or tap here to enter text. | Grade |

# Medical Information

**Health Card No**: ---- --- --- -- **Doctor**: Name of Family Doctor **Phone**: --- --- ----

**Allergies/Medical Conditions/Medication**: Click or tap here to enter text.

# Emergency Contact (not parent)

**Name**: First and last name **Relationship**: Relationship to student

**Phone**: --- --- ----

# Educational Information

**Current School**: School name

**School Address**: Street address **City**: City name **Postal Code**: --- ---

**Special Education Requirements?** Yes No

If “Yes”, please explain: Click or tap here to enter text.

Does your child have an IEP? Yes No

Date of last assessment: Date of assessment

Was your child exempted from French class in elementary school? Yes No

Please describe any educational needs or concerns: Click or tap here to enter text.

# Consent Forms

|  |  |
| --- | --- |
| **Grade 8 Report Card**  Yes No | I hereby give permission to Providence Reformed Collegiate to obtain a copy of the report card(s) as well as other pertinent information that will assist us to support the student’s education. |
| **OSR Transfer**  Yes No | I hereby give consent to Providence Reformed Collegiate to request and receive my child's Ontario Student Record (OSR) from the school noted above. |
| **Use of Information** |  |
| Yes No | Providence Reformed Collegiate is hereby granted permission to use my name, home address, home telephone number, and email address in the school phone directory, which is distributed to all parents and transportation coordinators and which is used for mailing of school related material to parents and students.  Please list any specific exclusions: Click or tap here to enter text. |
| Yes No | Providence Reformed Collegiate is further granted permission to use photographs and pictures of my student(s) in the school yearbook, newsletter, brochures, website, social media pages, and press releases. (No names will be used on the website or social media).  Please list any specific exclusions: Click or tap here to enter text. |
| **Bus Behaviour Code of Conduct**  Yes No | I have read, understand, and agree to the attached Bus Behaviour Code of Conduct ([click here to read](https://www.providencerc.com/bus-code-of-conduct.html)). I have or will discuss this code of conduct with my teen(s). |
| **Responsible Technology Use**  Yes No | I have read, understand, and agree to the attached Responsible Technology Use Agreement ([click here to read](https://www.providencerc.com/responsible-use.html)). I have or will discuss this responsible technology use agreement with my teen(s). |

# Additional Information

Please provide any additional information that would be helpful for the school in planning for your teen.

Click or tap here to enter text.