

2022 Summer School Secondary Registration

SCHOOL NAME: _____ PRINCIPAL: _____

Registration will be accepted at the student's home school until June 24th, 2022
 Final registration will be accepted in person only at Sudbury Secondary School Adult Day School entrance on Monday July 4th, 2022
 Office hours are from 8:00am to 1:30pm.
 Courses will be offered as enrolment permits
 Last minute cancellations and additions to the program are unavoidable
 **If you are registering for a co-op the co-op section of this form must be completed by your current school and attach a copy of your credit counseling summary
 Our first priority in timetabling is to make the majority of courses available to the majority of students. Scheduled course times are determined by this and only this.

Summer School Principal: David St. Amour **Summer School Administrative Assistant:** Mary Lecce
Phone: 705.674.3171 ext. 2005 **Phone:** 705.674.3171 ext. 7508

SUBMIT COMPLETED FORM
By email to: amourd@rainbowschools.ca;leccem@rainbowschools.ca

STUDENT INFORMATION

Legal Last Name _____ Legal First Name _____ Middle Name _____ Preferred Name _____ M F
 Birthdate (dd/mmm/yyyy): _____ Student OEN: _____
 School Attended (2021-22): _____ School Attending (2022-23): _____

MAILING ADDRESS AND CONTACT INFORMATION

Street (House #, Building/Block, Street Name) _____ Apt. # / Suite _____ P.O. Box _____ R.R. _____
 City / Town _____ Province _____ Postal Code _____
 Home Phone Number: (____) _____ Unlisted Cell Phone: (____) _____

CO-OPERATIVE EDUCATION

Coop Requirements Completed: WHIMIS
 Norcat
 Other: _____

SHSM Student? Yes No
 SHSM Program: _____
 July Coop Code Recommendation: _____ Aug Coop Code Recommendation: _____

Course Requests

Course Code1 _____ Final Grade (%) _____
 Course Code2 _____ Final Grade (%) _____

EMERGENCY CONTACT INFORMATION

NOTE: Students 18 or older must have at least one Parent/Guardian OR other adult listed who can be contacted in an emergency.

1) Last Name _____ First Name _____ Relationship to Student _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____
 E-mail _____ Lives with student? Yes No

18+ Student consent to release information? Yes No

MEDICAL / HEALTH CONDITION

Doctor Name _____ Phone Number () _____
 Health Card _____ Revision Code _____

Allergies and Health Conditions:

_____ Life Threatening _____ Life Threatening

I, the Student, give the school permission to transport me to a medical facility in case of emergency. Y N

FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION

Students have the opportunity to self-identify as First Nation, Métis or Inuit. This information will be used to improve the educational outcomes and promote equal opportunity for First Nation, Métis and Inuit students of the Rainbow District School Board. **I am...**

First Nations (off-reserve) First Nations (on reserve) Métis Inuit First Nation: _____

TRANSPORTATION

YES. I agree to provide transportation for my child to the Rainbow District Summer School Program and I will support their learning by supervising homework and assignments.

INDIVIDUAL EDUCATION PLAN

YES. I agree to provide information about my child's learning needs, such as that contained in the Individual Education Plan (IEP) to the Rainbow District Summer School Program

NOTICE OF COLLECTION OF PERSONAL INFORMATION

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, personal information on this form, and any other correspondence relating to your involvement in our programs, is being collected by Rainbow District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2), Sections 58.5, 265 and 266 as amended. The information will be used in accordance with the Education Act and the regulations and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records or for a consistent purpose such as the allocation of staff and resources. Employees will have access to this information to carry out their job duties. The information will also be used for matters related to health and safety or discipline. The Board is required to disclose personal information in compelling circumstances, for law enforcement purposes, or in accordance with any other Act that permits disclosure. This information will automatically be shared among schools within the jurisdiction of Rainbow District School Board for registration purposes. Questions regarding this collection should be directed to the School Principal.

SUMMER SCHOOL OFFICE USE ONLY

Pupil Number _____ OEN _____

Resident Pupil? Yes No **If No - Tuition Paid By:** Native Education Authority VISA International Student

Has this student ever been identified through an IPRC process? Yes No

Mature Student? Yes No Trillium Updated OSR Requested? Yes No DocuShare? Yes No

Parent/Guardian Signature

Date

Principal Signature

Date