



2014-2015 Gr. 9 Course Selection Sheet

PLEASE PRINT ALL INFORMATION ON THIS SHEET.

ELEMENTARY SCHOOL: _____

IMPORTANT: LEGAL NAME—as it appears on the student's Birth Certificate.

Surname: _____ First Name: _____ Middle Name: _____

Usual First Name: (*known as:*) _____ OEN Number: _ _ _ - _ _ _ - _ _ _

Birth Date: (Month) _____ (Day) _____ (Year) _____ Gender: Male Female

Does the student have siblings attending BCI & VS: Yes No If YES, please list names: _____

STUDENT'S RESIDENCE INFORMATION: Parent/Guardian who will receive the Mail: _____

Please check the appropriate title: Mr & Mrs Mr Mrs Ms Miss

ADDRESS: House or 911# _____ Street or Road Name _____ Apt./Unit# _____

Rural Route # _____ P.O. Box _____

City/Town _____ Postal Code _____

Phone No. (including area code) _____ Listed— Yes No

PARENT/GUARDIAN INFORMATION

GUARDIAN(S): (e.g. *Father/Mother; Mother only; Father only, etc.*) _____

MOTHER/GUARDIAN: MOTHER GUARDIAN
If Guardian, please indicate relationship: _____

FATHER/GUARDIAN; FATHER GUARDIAN
If Guardian, please indicate relationship: _____

Name

Name

Address
 (if different than above)

Address
 (if different than above)

Telephone
 (if different than above)

Telephone
 (if different than above)

Email: _____

Email: _____

Workplace _____

Workplace _____

Telephone _____ **Ext** _____

Telephone _____ **Ext** _____

Please check the appropriate boxes:
 Custody: Yes No Lives with student: Yes No
 Access to school records: Yes No

Please check the appropriate boxes:
 Custody: Yes No Lives with student: Yes No
 Access to school records: Yes No

Status in Ontario Canadian Citizen Landed Immigrant Permanent Resident Reserve Land Resident: Six Nations New Credit

Aboriginal Self-Identification (*please check one if applicable*): **Reporting this information is voluntary.**

First Nation (normally living on reserve) First Nation (normally living off reserve) Métis Inuit

Emergency Information (To be used only in the event of an illness/accident and when a parent/guardian is not available.)

Contact person (*other than parent/guardian*) _____ **Telephone** _____

Relationship to student: (e.g. Grandparent/aunt/neighbour, etc.) _____

Family Physician: _____ **Telephone:** _____

Emergency Notes: (*allergies/other medical concerns, etc.*) _____

Does the student wear a Medic Alert bracelet/necklace? Yes No **Do they carry an Epi-pen?** Yes No

Do they carry medication with them? Yes No