



St. Mary's College Registration Form

**PLEASE PROVIDE YOUR OEN NUMBER TO ALLOW US TO PROCESS YOUR REGISTRATION.
THE NUMBER CAN BE FOUND ON YOUR REPORT CARD OR OBTAINED FROM YOUR ELEMENTARY SCHOOL.**

ONTARIO EDUCATION NUMBER (OEN)	GRADE ENTERING 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	ADMISSION DATE (yyyy-mm-dd)	GR. 9 ENTRY DATE (yyyy-mm-dd)
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STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
PREFERRED LAST NAME (if different)	PREFERRED FIRST NAME (if different)	BIRTHDATE (yyyy-mm-dd)	

RESIDENTIAL ADDRESS

APT. NO	NUMBER	STREET	CITY	POSTAL CODE
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MAILING ADDRESS (if different from your home address)

APT. NO	NUMBER	STREET	CITY	POSTAL CODE
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GENERAL STUDENT INFORMATION

PREVIOUS SCHOOL NAME	PREVIOUS SCHOOL DISTRICT	PREVIOUS GRADE 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
RELIGION CATHOLIC <input type="checkbox"/> OTHER _____	PARISH	LANGUAGES STUDENT SPEAKS AT HOME ENGLISH <input type="checkbox"/> OTHER _____
HEALTH CARD NUMBER	STUDENT IDENTIFIED THROUGH IPRC YES <input type="checkbox"/> NO <input type="checkbox"/>	STUDENT HAS AN IEP YES <input type="checkbox"/> NO <input type="checkbox"/>
VOLUNTARY & CONFIDENTIAL SELF IDENTIFICATION FIRST NATION <input type="checkbox"/> METIS <input type="checkbox"/> INUIT <input type="checkbox"/>		

SIBLINGS ALREADY ATTENDING SMC

LAST NAME	FIRST NAME	RELATIONSHIP TO SIBLING BROTHER <input type="checkbox"/> SISTER <input type="checkbox"/>	DATE OF BIRTH (yyyy-mm-dd)

PARENT/GUARDIAN INFORMATION

CUSTODY BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> LEAGAL GAURDIANS <input type="checkbox"/> CHILDREN'S AID SOCIETY <input type="checkbox"/>			LIVES WITH BOTH PARENTS <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> LEAGAL GAURDIANS <input type="checkbox"/> FOSTER PARENTS <input type="checkbox"/>		
RELATIONSHIP TO STUDENT	TITLE	LAST NAME	FIRST NAME	EMERG. CONTACT PRIORITY 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
HOME PHONE NUMBER Call Priority 1 2 3 ()	CELLULAR NUMBER Call Priority 1 2 3 ()	BUSINESS NUMBER Call Priority 1 2 3 ()	E-MAIL ADDRESS	RELIGION CATHOLIC <input type="checkbox"/> OTHER _____	
RELATIONSHIP TO STUDENT	TITLE	LAST NAME	FIRST NAME	EMERG. CONTACT PRIORITY 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
HOME PHONE NUMBER Call Priority 1 2 3 ()	CELLULAR NUMBER Call Priority 1 2 3 ()	BUSINESS NUMBER Call Priority 1 2 3 ()	E-MAIL ADDRESS	RELIGION CATHOLIC <input type="checkbox"/> OTHER _____	
ADDRESS IF DIFFERENT FROM STUDENT (please include street number, name, city and postal code)					

EMERGENCY CONTACT

RELATIONSHIP TO STUDENT	TITLE	LAST NAME	FIRST NAME	EMERG. CONTACT PRIORITY 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
HOME PHONE NUMBER ()	CELLULAR NUMBER ()	BUSINESS NUMBER ()			

NOTE: if you would like to receive your child's absences through a text, text 56360 & in the message type join & send.