



# Carleton Place High School

SCHOOL

## Student Registration Form

Hrm/Teacher - \_\_\_\_\_

### STUDENT

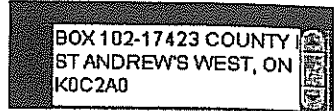
### PROPERTY ADDRESS - CIVIC ADDRESS (911)

Pupil No \_\_\_\_\_  
 OEN \_\_\_\_\_  
 Legal Last Name \_\_\_\_\_  
 Legal First Name \_\_\_\_\_  
 Usual Last Name \_\_\_\_\_  
 Preferred First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_  
 Third Initial \_\_\_\_\_ Gender \_\_\_\_\_ (M/F)  
 Birth Date \_\_\_\_\_ (dd/mm/yyyy)  
 Proof of Age \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_ Unl? \_\_\_\_\_ (Y/N)

Street # & Name \_\_\_\_\_  
 Apt# \_\_\_\_\_ Lot# \_\_\_\_\_ Concession # \_\_\_\_\_  
 Municipality \_\_\_\_\_  
 State/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_  
 X-Boundary \_\_\_\_\_ (Y/N) School \_\_\_\_\_

### MAILING ADDRESS

Format Example:



### PREVIOUS SCHOOL /DISTRICT

Previous Sch. Language \_\_\_\_\_ Previous Province \_\_\_\_\_  
 Previous School \_\_\_\_\_  
 Address \_\_\_\_\_

### ADMISSION INFORMATION

Reason \_\_\_\_\_  
 Start Date \_\_\_\_\_ Current Grade \_\_\_\_\_

Did student attend school in Ontario previously? \_\_\_\_\_ (Y/N)

### ALTERNATE ADDRESSES (For transportation - ie. Caregiver, Custody)

Street #	Name	Apt.	Municipality	Contact Name	Contact Phone
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

### IMMIGRATION/CITIZENSHIP

Country of Birth \_\_\_\_\_ Entry Into Canada \_\_\_\_\_ (mm/yyyy) Visa Expiration Date \_\_\_\_\_ (mm/yyyy)  
 Citizen of \_\_\_\_\_ Tuition Type \_\_\_\_\_  
 Language First Spoken \_\_\_\_\_ Immigration Status:  
 Language at home \_\_\_\_\_  
 Student Visa  Other Visa  Permanent Resident  
 Canadian Citizen  Native Ancestry  Refugee Status

### MISCELLANEOUS

Tuition Paid By \_\_\_\_\_ Family Courier \_\_\_\_\_ (Y/N)  
 Release Info. \_\_\_\_\_ (Y/N) Internet Access \_\_\_\_\_ (Y/N)

### PARENT/GUARDIAN

Custody \_\_\_\_\_ Living with \_\_\_\_\_ Court Order Provided \_\_\_\_\_ (Y/N)

1. Relationship _____	2. _____
Last Name _____	_____
First Name _____	_____
Living With Student _____ (Y/N)	_____ (Y/N)
Same as Student Addr? _____ (Y/N)	_____ (Y/N)
Address _____	_____
Copy of Correspondence _____ (Y/N)	_____ (Y/N)
Work / Employment _____	_____
Work Phone No. _____ Ext. _____	_____ Ext. _____
Available At Work _____ (Y/N)	_____ (Y/N)
Home Phone No. _____ Unl? _____ (Y/N)	_____ Unl? _____ (Y/N)
Cellular Phone No. _____	_____
E-mail Address _____	_____
Emergency Contact _____ (Y/N)	_____ (Y/N)
Additional Information _____	_____

Student Registration Form

cont'd

**OTHER EMERGENCY CONTACTS (Other than Parents)**

1. Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Unlisted \_\_\_\_\_ (Y/N)

Email Address \_\_\_\_\_

Work Place \_\_\_\_\_

Work Phone \_\_\_\_\_

Ext. \_\_\_\_\_

Cellular Phone No. \_\_\_\_\_

Allow to Pickup \_\_\_\_\_

(Y/N)

2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone No. \_\_\_\_\_ Unlisted \_\_\_\_\_ (Y/N)

\_\_\_\_\_  
\_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allow to Pickup \_\_\_\_\_ (Y/N)

**MEDICAL**

Doctor's Name \_\_\_\_\_

Phone. \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Health Card # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Allergies \_\_\_\_\_

Life threatening? \_\_\_\_\_

(Y/N)

Details \_\_\_\_\_

Permission to Transport \_\_\_\_\_

(Y/N)

Health Factors \_\_\_\_\_

**SIBLINGS**

1.

2.

3.

4.

Pupil No. \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

Gender \_\_\_\_\_

(M/F)

(M/F)

(M/F)

(M/F)

**ABORIGINAL VOLUNTARY SELF IDENTIFICATION**

First Nation

Metis

Inuit

**MEMO**

I verify that the information on this form is true and correct. I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. I also give consent to forward any or all of this information to School Board Officials or the School Nurse. The information collected in this document is collected under the authorities of the Education Act of the Province of Ontario.

In the event of an emergency, I authorize the school staff to call a physician, preferably, but not necessarily our family doctor, and to send my child to the hospital.

I certify that I have been informed that an Ontario Student Record is on file at the school and that I have access to the information therein.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PARENTS:**

**PLEASE ENSURE THAT YOU HAVE SIGNED BOTH SIDES OF THIS FORM AND THE STUDENT VERIFICATION FORM AND RETURN TO THE SCHOOL AS SOON AS POSSIBLE.**



Consent Form  
Freedom of Information and  
Protection of Privacy Act

**PUBLICATIONS, DISPLAYS, PHOTOGRAPHS,  
FILMS, VIDEOTAPES, STUDENT WORK,  
ACHIEVEMENTS, AWARDS, PARTICIPATION**

I  Permit  
 Do Not Permit

The Upper Canada District School Board and/or any of its schools to reproduce or display printed materials such as photographs, video images, articles or publications relating to or involving my child, including name, grade and school identification, which may be used in internal communications within the school and the Board or may be the subject of interest to local, regional or national media.

I  Permit  
 Do Not Permit

The Upper Canada District School Board and/or any of its schools to reproduce or display on the Internet, any images, articles or student work relating to or involving my child, including name, grade and school identification, which may be used in internal communications within the school and the Board or may be the subject of interest to local, regional or national media

I understand that in authorizing the release of such information, I am releasing any claim to protection of personal privacy of my child which I am entitled to under the provisions of the Municipal Freedom of Information and Protection of Privacy Act.

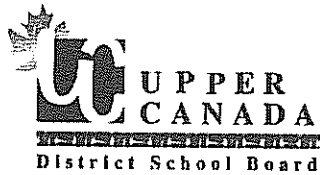
\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Effective Date



225 Central Avenue West  
 Postal Bag Service 1120  
 Brockville, Ontario K6V 5X1  
 613-342-0371  
 or 1-800-267-7131  
 www.ucdsb.on.ca

# SCHOOL YEAR CALENDAR 2013-2014

SEPTEMBER 2013				
M	T	W	T	F
	3	4	5	6
H				
10	11	12	13	
17	18	19	20	
24	25	26	27	
30				

OCTOBER 2013				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
				PA
14	15	16	17	18
H				
21	22	23	24	25
28	29	30	31	

NOVEMBER 2013				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

DECEMBER 2013				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
				PA
23	24	25	26	27
H	H	H	H	H
30	31			
H	H			

JANUARY 2014				
M	T	W	T	F
		1	2	3
		H	H	H
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
				E
27	28	29	30	31
E	E	E	E	PA

FEBRUARY 2014				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
H				
24	25	26	27	28

MARCH 2014				
M	T	W	T	F
3	4	5	6	7
				PA
10	11	12	13	14
H	H	H	H	H
17	18	19	20	21
24	25	26	27	28
31				

APRIL 2014				
M	T	W	T	F
	1	2	3	4
				A
7	8	9	10	11
				B
14	15	16	17	18
				H
21	22	23	24	25
H				A
28	29	30		

MAY 2014				
M	T	W	T	F
			1	2
				B
5	6	7	8	9
				A
12	13	14	15	16
				B
19	20	21	22	23
H				A
26	27	28	29	30
				PA

JUNE 2014				
M	T	W	T	F
2	3	4	5	6
				A
9	10	11	12	13
				B
16	17	18	19	20
				A
23	24	25	26	27
E	E	E	E	PA
30				

JULY 2014				
M	T	W	T	F
	1	2	3	4
	H			
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

AUGUST 2014				
M	T	W	T	F
				1
4	5	6	7	8
H				
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

**Instructional Days:**

First Day of School: September 3, 2013  
 Last Day of School: June 27, 2014  
 Last Day for Students: June 26, 2014

**Secondary:**

Sem. 1: Sep 3 – Jan 30 (97 days, incl. exams)  
 Sem. 2: Jan 31 – June 27 (97 days, incl. exams)

**Examination Days:**

Sem. 1: Jan 24 – Jan 30, 2014 (5 days)  
 Sem. 2: June 20 – 26, 2014 (5 days)

**Christmas Break:**

December 23, 2013 to January 3, 2014

**March Break:**

March 10 to 14, 2014

**Statutory Holidays:**

September 2, 2013 - Labour Day  
 October 14, 2013 - Thanksgiving  
 February 17, 2014 - Family Day  
 April 18, 2014 - Good Friday  
 April 21, 2014 - Easter Monday  
 May 19, 2014 - Victoria Day

Designated on calendar as 'H'

**Professional Activity (PA) Days:**

Oct 11, 2013 Ministry Directed  
 Dec 20, 2013 Ministry Directed  
 Jan 31, 2014 System Directed  
 March 7, 2014 Ministry Directed  
 May 30, 2014 System Directed  
 June 27, 2014 System Directed

Designated on calendar as 'PA'



**Principal:**

Mr. Eric Hardie

**Vice-Principal:**

Mr. Dale Dixon

**Vice-Principal:**

Ms. Tracy Staples

215 Lake Avenue W.  
Carleton Place, ON  
K7C 1M3  
t: 613.257.2720  
f: 1.855.340.9082

# Carleton Place High School

<http://cphsbears.ca>

## Instant updates from the Bear's Den website !?!

If you are interested in receiving an e:mail each time CPHS updates our website with:

- ◆ a notice for students and/or parents,
- ◆ when new events are scheduled or re-scheduled
- ◆ important updates regarding exams, report cards, option sheets, grad
- ◆ new information and downloadable forms



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