York Catholic District School Board

St. Robert CHS

Pre-Admission Questionnaire/Checklist

Please read carefully. The form must be completed in full and returned along with the appropriate documents (see Section C). Please note, pupils attending a Catholic secondary school are expected to complete 4 (four) religion credits and attend all religious ceremonies.

SECTION A

Pupil Name: _____ Date of Birth (mm/dd/yyyy) _____

Address: _____ City:_____ Postal Code:_____

Home Phone #: _____ Current Grade: _____ Current School _____

Board: ☐ YCDSB   ☐ other - please specify: _____

SECTION B
CONSENT FOR PERSONAL INFORMATION SHARING

Your child's personal information will be used by the principal(s) and teacher(s) of both the current school where the pupil is currently enrolled and the school to which the transfer is requested.

I, being the parent/legal guardian of the student named above (Section A), have read and understand how my child's personal information will be used. I voluntarily give my permission to use my child's personal information as described above.

Parent/Guardian/Student (if student is 18 years or older) Name: _____

Parent/Guardian/Student (if student is 18 years or older) Signature: _____

Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SECTION C   Pupil registration can only be considered when the following information is attached:
Please return this completed form and the indicated documents to the guidance office as soon as possible.

DOCUMENTATION	FOR SCHOOL USE ONLY	
	Received/Verified	Not received
1. Copy of Canadian Birth Certificate or Proof of legal Status in Canada		
2. Proof of 1st Cdn Entry date - if applicable		
3. Proof of residence (Property Tax Bill, Proof of purchase or Lease/Rental Agreement **and** one of the following: Driver's License, Utility Bill, Bank statement)		
4. Proof of Guardianship and/or Custody if not living with parent (Legal Guardian documentation)		
5. Most recent report card		
6. Credit counseling summary (if you are currently attending high school)		
7. IEP/Psychological Assessment - if applicable		

SECTION D
TO BE COMPLETED BY PRINCIPAL or DESIGNATE OF LAST SCHOOL ATTENDED IN ONTARIO:

1. Principal's/Designate's observation regarding current program selection: _____

   _____

2. Has this pupil had ESL support?   NO ☐   YES ☐
   Will the student continue to need ESL Support?   NO ☐   YES ☐

3. Is there a French exemption on file?   NO ☐   YES ☐

4. List all suspensions/expulsions _____

   _____

5. a) Does the pupil have an IEP?   NO ☐   YES ☐
   b) Psychological Assessment?   NO ☐   YES ☐
   c) Has the pupil been presented at an IPRC? NO ☐   YES ☐

   If so, what is the exceptionality? _____

   d) Description of any Special Education or Program Modifications/Accommodations currently receiving:

   _____

   _____

6. Rationale/Reason for request to move schools: _____

Sending School Principal/VP: _____   Title: _____
              (Please print)

Signature: _____   Date: _____
   (Sending School Principal or Vice-Principal)

Phone Number: _____

SECTION E   FOR SCHOOL USE ONLY

Interview Granted   YES ☐   NO ☐   Admitted   YES ☐   NO ☐

Comments: _____

Principal's (or designate) Signature: _____   **Date:** _____

The following documentation must be completed once approval for registration is given:

DOCUMENTATION	FOR SCHOOL USE ONLY	
	Received	**Not received**
1. Secondary Student Application form		
2. FOI (Freedom of Information) form		
3. Direction of School Support/Lease (if applicable)		
4. Course Selection Sheet		
5. Use of Internet Consent form (page 1 remains with the pupil and page 2 is completed and returned with the registration package)		
6. Immunization notice – information to be given to the applicant		

Posted to Maplewood: _____   Start Date: _____