



BISHOP ALEXANDER CARTER CSS

GRADE 7/8 REGISTRATION FORM
539 Francis Street, Sudbury, Ontario, P3P 1E6
<http://baccss.sudburycatholicschools.ca/>



Telephone: 705-969-2212

Fax: 705-969-8133

<input type="checkbox"/> Grade 7 – English Curriculum	<input type="checkbox"/> Grade 8 – English Curriculum
<input type="checkbox"/> Grade 7 – French Immersion Curriculum	<input type="checkbox"/> Grade 8 – French Immersion Curriculum

PART A – STUDENT INFORMATION

OEN:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
DOB (mm/dd/yyyy)		Address:		
Legal Surname:	Legal Given Name:	Apt#	RR#	P O Box:
		City:		Postal Code:
Current Elementary School:		Telephone: ()		
Proof of Age <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Baptismal Cert. <input type="checkbox"/> Other		<input type="checkbox"/> Landed Immigrant Status	Country at Birth:	
<input type="checkbox"/> Canadian Citizen	Province of Birth:	Entry Date to Canada:	First Language:	
Do you have any siblings attending Bishop Alexander Carter CSS? If yes, Name(s)				
Religion:		Parish:		
Aboriginal Status: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit				

PART B – PARENT/GUARDIAN INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian
Surname, Given Name: Title	Surname, Given Name: Title
<i>(if different from Student's address)</i>	<i>(if different from Student's address)</i>
Address:	Address:
City: Postal Code	City: Postal Code
Home # Cell #	Home # Cell #
Work # Ext.	Work # Ext.
Email:	Email:
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal guardians OR Other (please identify):	

PART C – EMERGENCY CONTACT INFORMATION

*In an emergency, the school will attempt to call either of the parent(s)/guardian(s).
The information given here will only be used **IF NEITHER PARENT(S)/GUARDIAN(S)** can be reached.*

Contact Person's Name:	Medic Alert Condition:
Telephone: Ext.	Disability Condition:

MEDICAL INFORMATION

List Medications:

If your son/daughter has a particular medical problem that the school should know about in case of an emergency, please list it here:

TRANSPORTATION (disclaimer)

"I consent to the collection, use and disclosure of the above noted personal information for the purpose of providing safe student transportation, and I understand that this information may be disclosed to the providers of such transportation."

PART D

Elementary School Principal's Comments (Applicable only to Sudbury Catholic District School Board)

Will an I.P.R.C. meeting be required? Yes No Exceptionality: _____

Principal's Signature: _____ Date: _____

Public Elementary School Students, please submit a copy of your most recent report card.

Parent(s)/Guardian(s) Signature: _____

Revised March 2020