



Office Use Only

OEN: _____ Student # _____

Day School Student (Summer Register) Transcript on File

OSR is at _____ Date Requested _____

Legal First Name: _____ Last Name: _____ Last Name at Birth: _____
First Name Middle Name

Mailing Address: _____ P.O. Box #: _____

Town: _____ Province: _____ Postal Code: _____

Best phone # to reach you at: _____ Mobile or Landline Permission to Text? Yes No
 _____ Mobile or Landline Initial: _____

Date of Birth: _____ Gender: _____ E-mail: _____
Day / Month / Year

Last High School Attended: _____ Year Left _____

Other High Schools Attended: _____

Did you start Grade 9 in an Ontario Publicly Funded Secondary School? Yes No

Were you previously registered with an Adult Education Centre? Yes No

Do you have an IEP? Yes No If yes, where: _____ Year: _____

Are there any health concerns you would like us to know about, for example, do you carry an epi-pen? Yes No

If yes, please explain: _____

Emergency Contact: _____

Status in Canada (Proof of residency may be required)

Canadian Citizen Immigrant/Refugee Native Ancestry First Language Spoken: _____

Province of Birth: _____ Country of Birth: _____ Date of Entry to Canada: _____

POST SECONDARY INFORMATION

Are you applying to a college or university? Yes No Course Deadline: _____

List Schools Applied to: _____

OCAS/OUAC Application #: _____ Name of Program: _____

Anticipated Start Date: _____

Do you require a letter of enrollment sent to OCAS or OUAC or other school? Yes No

Personal information on this form is collected under the authority of the *Education Act* and will be used for educational, health and welfare purposes affecting the student. Questions about this collection should be directed to the Principal or Superintendent of Education, Avon Maitland District School Board, 62 Chalk Street North, Seaforth, N0K 1W0 telephone (519) 527-0111 or (800) 592-5437. **REVISED June 2009**

Date: _____ Student Signature: _____