



**YORK CATHOLIC DISTRICT SCHOOL BOARD
ST. AUGUSTINE CATHOLIC HIGH SCHOOL**



PRE - ADMISSION QUESTIONNAIRE (2010/2011)

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

SECTION A

Student Name: _____ Date of Birth: _____
Address: _____ City/Town: _____
Postal Code: _____ Home Phone #: _____
Current Grade: _____ Current School: _____
Board: YCDSB other - please specify: _____
Name of sibling that attends/attended St. Augustine C.H.S. : _____

SECTION B Consent is hereby given for the collection and use of information for the purposes outlined, concerning:

Name of Student: _____

The authorization for the collection and maintenance of the information contained herein is the Education Act RSO 1990 C.E.2. The users of the information are the principal, and teachers of both the current school where the pupil is enrolled and the school to which a transfer is requested. The information will be used for orientation and program planning purposes.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

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

E-mail address: _____ Date: _____

SECTION C Student 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.

- Most recent report card
 - Credit counselling summary (if you are currently attending high school)
 - Proof of residence (eg. Driver's License, Prop. Tax Bill, or proof of purchase if home is new)
 - Copy of Birth Certificate or Passport (need birth date & citizenship information)
 - Proof of Guardianship and/or Custody if not living with parent (Legal Guardian documentation)
 - IEP - if applicable
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SECTION D

TO BE COMPLETED BY PRINCIPAL/VICE PRINCIPAL OF LAST SCHOOL ATTENDED:

1. Principal's/Vice-Principal's recommendation regarding program selection: _____

2. Has this student had ESL support? NO YES

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

4. Is this student attending a French Immersion or French Language School? NO YES

5. Has this student been suspended/expelled? Explain: _____

6. a) Does the student have an IEP? NO YES

b) Has the student been presented at an IPRC? NO YES
If so, what is the exceptionality? _____

c) Description of any Special Education or Program Modifications/Accommodations needed:

d) I.S.A. Claim Information: _____

e) Indication of support which should be continued: _____
(e.g. Educational Assistant)

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

Signature: _____ Phone No. _____
(Sending School Principal or Vice-Principal)

Date: _____

SECTION E

(For School Use Only)

Comments: _____

Admitted YES NO

Vice Principal's Signature _____ Date _____
