



BURLINGTON
ROYAL *Arts* ACADEMY
 A PRIVATE ARTS-ACADEMIC HIGH SCHOOL

Welcome to Parents/Guardians,

Thank you for your interest in Burlington Royal Arts Academy. To register your child, please complete this registration form. All fields are required to be filled out. All information on this registration form is collected under the legal authority of the Education Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. The information provided will be used to establish the Ontario Student Record (OSR), and for administrative purposes. Student information such as name, date of birth, and contact information is released to the Regional Health Units in accordance with the Health Protection and Promotions Act and the Immunization of School Pupils Act.

STUDENT INFORMATION SUMMARY		DATE:	
LEGAL LAST NAME		LEGAL FIRST NAME	
PREFERRED (USUAL) NAME		LEGAL MIDDLE NAME(S)	
BIRTH DATE		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed <input type="checkbox"/> Prefer to specify _____	
ADDRESS <i>Street Number and Name</i> <i>City/Province</i> <i>Postal Code</i>		PHONE NUMBERS AND EMAIL H: C: E:	
LIVES WITH Both Parents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Mother <input type="checkbox"/> Other (specify) <input type="checkbox"/> Father <input type="checkbox"/>		IS THERE A COURT ORDER LIMITING ACCESS TO ONE OR BOTH PARENTS? (IF YES, PLEASE PROVIDE DOCUMENTATION)	

LEGAL PARENTS AND GUARDIANS	
NAME OF LEGAL PARENT/GUARDIAN #1	PHONE NUMBERS
ADDRESS (IF DIFFERENT THAN STUDENT) <i>House/Apt #</i> <i>Street Name</i> <i>City/Province</i> <i>Postal Code</i>	H: W: C:
EMAIL ADDRESS	
NAME OF LEGAL PARENT/GUARDIAN #2	PHONE NUMBERS
ADDRESS (IF DIFFERENT THAN STUDENT) <i>House/Apt#</i> <i>Street Name</i> <i>City/Province</i> <i>Postal Code</i>	H: W: C:
EMAIL ADDRESS	
PLEASE PROVIDE ANY INFORMATION ABOUT THE STUDENT'S FAMILY CONTEXT SUCH AS STEP-PARENT, COMMON-LAW SPOUSE ETC.	

EMERGENCY CONTACT(s) Please include at least 2 Emergency contact other than Parent/Guardian(s)

Contact Name:

Relationship:

Contact Name:

Relationship

Contact Phone Numbers

H:

W:

C:

Contact Phone Numbers

H:

W:

C:

NAME(S) OF SIBLING(S) ATTENDING THE SCHOOL

SCHOOL HISTORY

LAST SCHOOL ATTENDED

LOCATION

DETAILS OF PREVIOUS SCHOOLING

Public Private Out of Country Catholic Home Schooled Other

OEN NUMBER (If known)

LANGUAGE OF LAST SCHOOL ATTENDED

DATE OF ENTRY INTO SECONDARY SCHOOL

IS THE STUDENT CURRENTLY
EXPELLED FROM PREVIOUS
SCHOOL?WAS SPECIAL EDUCATION PROGRAMMING IN PLACE AT THE
PREVIOUS SCHOOL?

GRADE STUDENT IS ENTERING

(IF YES, PLEASE PROVIDE DOCUMENTATION)

ADDITIONAL INFORMATION (IE. ARTISTIC EXPERIENCE)

FIRST LANGUAGE SPOKEN

LANGUAGE SPOKEN AT HOME
(IF DIFFERENT THAN FIRST LANGUAGE)**CITIZENSHIP**Canadian Citizen Permanent Resident Refugee Status Visa Other

COUNTRY OF CITIZENSHIP

COUNTRY/PROVINCE OF BIRTH

DATE OF ENTRY INTO CANADA (MM/DD/YYYY)

PREVIOUS PROVINCE/COUNTRY OF RESIDENCE

INTERNATIONAL STUDENT INFORMATION (IF YOU ARE NOT AN INTERNATIONAL STUDENT PLEASE PROCEED TO MEDICAL INFORMATION)

HAS THE STUDENT PREVIOUSLY APPLIED TO BURLINGTON ROYAL ARTS ACADEMY?

IF YES, WHEN?

HAS THE STUDENT PREVIOUSLY BEEN AWAY FROM FAMILY FOR AN EXTENDED PERIOD OF TIME?

WHAT ARE YOUR ACADEMIC GOALS WHILE IN CANADA?

Graduate from Ontario High School Attend University/College in Canada Return to school in home country Develop English skills only

DO YOU ALREADY HAVE A HOMESTAY IN BURLINGTON? (IF YES, PLEASE PROVIDE THIS INFORMATION)

LAST NAME

FIRST NAME

RELATIONSHIP TO STUDENT

EMAIL ADDRESS:

PHONE NUMBERS

H:

C:

Address:			
<i>House/Apt#</i>	<i>Street Name</i>	<i>City/Province</i>	<i>Postal Code</i>
IF YOU DO NOT ALREADY HAVE A HOMESTAY IN BURLINGTON, DO YOU REQUIRE US TO FIND YOU A HOMESTAY?			

ARTS COURSES VERIFICATION						
Primary (check one):	Visual Art	Instrumental Music	Vocal Music	Drama	Dance	Media Arts
Secondary (check one):	Visual Art	Instrumental Music	Vocal Music	Drama	Dance	Media Arts

MEDICAL/HEALTH INSURANCE INFORMATION	
HEALTH CARD NUMBER OR INSURANCE PLAN NUMBER:	
ALLERGIES:	DOES THE STUDENT HAVE A CONDITION THAT COULD LEAD TO ANAPHYLACTIC SHOCK? (IF YES PLEASE PROVIDE DOCUMENTATION)
IS THERE ANY OTHER MEDICAL INFORMATION THE SCHOOL SHOULD BE AWARE OF? (IF YES, PLEASE PROVIDE DOCUMENTATION)	
EMERGENCY CONTACT	
<i>Name:</i>	
<i>Relationship:</i>	
<i>Phone number:</i>	
I HAVE OBTAINED CONSENT AND PERMISSIONS FROM THE PERSON LISTED ABOVE TO HAVE THEIR NAME AND TELEPHONE NUMBER USED FOR EMERGENCY	
Please agree if this is the case Yes <input type="checkbox"/> No <input type="checkbox"/>	

I verify that the information provided on the form is true and correct. I understand that it is my responsibility to inform the school immediately of any changes to the information on this form.

Signature	Date
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Upon Completion of this form, please submit it by calling the office and arranging drop off time or send it via email to admin@burlingtonroyalartsacademy.ca