



FREDERICK BANTING INTERNATIONAL SCHOOL

ONTARIO EDUCATION NUMBER (OEN)	GRADE/HOME FORM	ADMISSION DATE (yyyy-mm-dd)	GR 9 ENTRY DATE(yyyy-mm-dd)
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STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
USUAL LAST NAME	PREFERRED FIRST NAME	BIRTH DATE (yyyy-mm-dd) (AGE ON ADMISSION)	

RESIDENTIAL ADDRESS

HOME PHONE NUMBER ()	UNLISTED <input type="checkbox"/> YES	APT. NO.	STREET/EMERGENCY NUMBER	STREET NAME/LINE OR SIDE ROAD
P.O. BOX	TOWN/CITY	PROVINCE	POSTAL CODE	MAILING ADDRESS SAME AS PROPERTY ADDRESS <input type="checkbox"/>

MAILING ADDRESS

COMPLETE THIS SECTION IF STUDENT LOCATION IS DIFFERENT FROM PROPERTY ADDRESS.	APT. NO.	STREET NUMBER	STREET NAME/LINE OR SIDE ROAD
	P.O. BOX	TOWN/CITY	POSTAL CODE

GENERAL STUDENT INFORMATION (Must be completed in full)

PREVIOUS SCHOOL DISTRICT	PREVIOUS SCHOOL NAME	PREVIOUS SCHOOL ADDRESS
PROOF OF AGE & NAME (copy for OSR) <input type="checkbox"/> CDN. BIRTH CERTIFICATE/REGISTRATION CARD <input type="checkbox"/> CDN. PASSPORT <input type="checkbox"/> CDN. CITIZENSHIP CARD <input type="checkbox"/> IMMIGRATION DOC.		Country of Birth Province/Territory If Canada 1 st Entry Date into Canada (yyyy-mm-dd)
WAS ENGLISH FIRST LANGUAGE STUDENT LEARNED AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGES STUDENT SPEAKS AT HOME _____	
VOLUNTARY AND CONFIDENTIAL SELF IDENTIFICATION <input type="checkbox"/> FIRST NATION <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT		

HEALTH FACTORS (Must be completed in full)

HEALTH FACTORS <input type="checkbox"/> ASTHMA - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEIZURES- Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DIABETES- Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ALLERGIES _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICATION REQUIRED AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SIBLING INFORMATION (Must be completed in full)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	DATE OF BIRTH	SCHOOL & GRADE
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		

PARENTAL INFORMATION (Must be completed in full)

CUSTODY <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> SELF (16 & OVER) with letter <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> LEGAL GUARDIAN(S) <input type="checkbox"/> CHILDREN'S AID SOCIETY		LIVING WITH <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> SELF (16 & OVER) with letter <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> LEGAL GUARDIAN(S) <input type="checkbox"/> FOSTER PARENT(S)	
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Last Name	Parent Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone Number ()	Cellular/Pager Number ()	Business Phone Number (including Ext.) ()	E-mail Address
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Last Name	Parent Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone Number ()	Cellular/Pager Number ()	Business Phone Number (including Ext.) ()	E-mail Address
Address if Different from Student (include Street Number, Name, City and Postal Code)			
Relationship	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Last Name	Parent Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone Number ()	Cellular/Pager Number ()	Business Phone Number (including Ext.) ()	E-mail Address
Address if Different from Student (include Street Number, Name, City and Postal Code)			

ADDITIONAL FAMILY INFORMATION OF WHICH SCHOOL SHOULD BE AWARE:
PLEASE ADVISE IF ALTERNATE COMMUNICATION (e.g. LARGE PRINT, BRAILLE, SIGN LANGUAGE) REQUIRED

EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) UNAVAILABLE — IN ORDER OF AVAILABILITY (#1 EASIEST TO CONTACT)

TITLE (CIRCLE ONE) MR/MRS/ MS./MISS/ DR./REV.	1. LAST NAME	TITLE (CIRCLE ONE) MR/MRS/ MS./MISS/ DR./REV.	2. LAST NAME	TITLE (CIRCLE ONE) MR/MRS/ MS./MISS/ DR./REV.	3. LAST NAME
	FIRST NAME		FIRST NAME		FIRST NAME
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
HOME PHONE NUMBER () ()	CELLULAR / PAGER NUMBER () ()	HOME PHONE NUMBER () ()	CELLULAR / PAGER NUMBER () ()	HOME PHONE NUMBER () ()	CELLULAR / PAGER NUMBER () ()
BUS. PHONE NUMBER & EXTENSION () ()	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION () ()	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION () ()	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO

RESIDENT STATUS: <input type="checkbox"/> BOARDING <input type="checkbox"/> DAY	SERVICES REQUIRED	
BUS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	ONE WAY: <input type="checkbox"/> am <input type="checkbox"/> pm	TWO WAY: <input type="checkbox"/> both am and pm
DISTANCE TO SCHOOL FROM YOUR HOME: _____ Km		

PICK UP FROM SCHOOL (circle one)	
Who will come to pick up the student? Mother / Father / Other	
Name of the person (If other than mother and father) _____	Relationship to the student: _____

I/WE AGREE THAT Frederick Banting International School MAY CONTACT MY CHILD'S FORMER SCHOOL TO COLLECT INFORMATION FOR PURPOSES CONSISTENT WITH THE SCHOOLS LEGISLATED RESPONSIBILITIES AND AUTHORITY. YES NO If no, reason. _____

Please read the following carefully before signing:

1. I understand that the tuition fee is due in full by March 30th of the academic session, and also accept my obligation to pay the entire tuition fee, even if my child/children are withdrawn/expelled from school anytime during the school year or immediately after the start of the school session in September.
2. Frederick Banting International School expects the students to follow all the rules and shows exemplary behavior consistent with the school ideals. I confirm that I have received FBI rule book for students and parents.
3. I agree that the information may be used by Frederick Banting International School for purposes consistent with its policies and in accordance with Federal and provincial law.
4. I and my child undertake to abide by the rules, regulations, policies, and procedures as made from the time to time by Frederick Banting International School . I also authorize Frederick Banting International School to use my child's photo or achievement record for promotional purposes
5. Parents are advised that despite the inclusion of noise control features in this building, noise levels from increasing aircraft movements may continue to be of concern, occasionally interfering with some of the activities of the school.

IS THE STUDENT CURRENTLY SERVING A SUSPENSION OR EXPULSION? YES NO If yes, reason. _____

REGISTRATION IS CONDITIONAL UPON RECEIPT OF O.S.R./SCHOOL RECORDS FROM SENDING SCHOOL TO CONFIRM APPROPRIATENESS OF ADMISSION.

PARENT/GUARDIAN OR STUDENT (18 OR OLDER)

DATE

Parental Consent for Emergency Medical Treatment

In case of emergency, I/We, in the event of my/our unavailability, hereby authorize the faculty and staff of Frederick Banting International School to grant permission for any medical or surgical treatment deemed necessary by the medical staff for my child.

Child's Name: _____

I _____ Parent/Guardian of _____ give consent for my son / daughter: To take part in Educational Visits that take place away from the main School site. To be given first aid or urgent medical treatment during any such activity which is considered necessary during the visit/activity. I understand that should medical treatment be necessary; every effort will be made to obtain my consent. However, in an emergency I authorize the party leaders to consent on my behalf to any medical treatment, which a medical professional feels is necessary

Parental Signature

Print Name

Day Phone

Cell Phone

Known Allergies:

Daily Medications:

Pediatrician Name:

Telephone Number: _____

SECONDARY STUDENTS ONLY
ENTER COURSE SELECTIONS IN THE SPACE PROVIDED

FIRST CHOICE COURSES COURSE CODE	SUBJECT	GRADE	ALTERNATE COURSES COURSE CODE	SUBJECT	GRADE

GRADE NINE ENTRY DATE							
	YEAR			MONTH		DAY	

LITERACY DIPLOMA REQUIREMENT COMPLETED (Verified on OST)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ONTARIO STUDENT TRANSCRIPT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
40 HOURS COMMUNITY INVOLVEMENT COMPLETED (Verified on OST)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Counsellor	Number of Credits Already Obtained
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