

**Student Application:
Cedarbrae C.I. Summer Program**

July 2017

Legal Last Name		Legal First Name	
Trillium Student Number		Date of Birth <div style="text-align: center;"> _ _ / _ _ / _ _ Y Y Y MM DD </div>	
Home Address		Home Phone #: _____	
Street No. and Name _____ Apt. # _____		Other Phone #: _____	
City _____ Postal Code _____			
Does the student have life-threatening allergies (e.g. Anaphylaxis): Yes <input type="checkbox"/> No <input type="checkbox"/> Is an Epi-Pen Required? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medical Alert Information or Disability: _____ Health Card or Private Insurance Policy Number: _____ (optional)			
Program Name of Grade 8 School : _____ Does the student have an IEP (Individual Education Plan)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Parent/Legal Guardian (1st Priority Contact) Mr./Mrs./Ms.(Please circle) Name: _____ <div style="text-align: center;"> Last Name First Name </div> Relationship to Student: _____ Home Phone #: _____ Business Phone #: _____ ext _____ Cell Phone #: _____ Email address: _____		Parent/Legal Guardian/Emergency Contact (2nd Priority Contact) Mr./Mrs./Ms.(Please circle) Name: _____ <div style="text-align: center;"> Last Name First Name </div> Relationship to Student: _____ Home Phone #: _____ Business Phone #: _____ ext _____ Cell Phone #: _____ Email address: _____	
Guardian <input type="checkbox"/> Receives Mail <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Lives with Student <input type="checkbox"/> Speaks English <input type="checkbox"/>	Guardian <input type="checkbox"/> Receives Mail <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Lives with Student <input type="checkbox"/> Speaks English <input type="checkbox"/>		
_____ Signature of Parent/Legal Guardian		<small>Personal Information on this form is collected under the authority of the Education Act, R.S.O. 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions about this collection should be directed to the F.O.I. Coordinator at the TDSB, 5050 Yonge St., Toronto, ON M2N 5M8. Tel: 416-396-3288</small>	
Date: _____			

Application is due back to your Grade 8 school on Friday, June 2nd, 2017