

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

**July 2017**

<b>Legal Last Name</b>		<b>Legal First Name</b>	
<b>Trillium Student Number</b>		<b>Date of Birth</b>  <div style="text-align: center;">             _ _ / _ _ / _ _              Y Y Y MM DD           </div>	
<b>Home Address</b>		Home Phone #: _____	
Street No. and Name _____ Apt. # _____		Other Phone #: _____	
City _____ Postal Code _____			
<b>Does the student have life-threatening allergies (e.g. Anaphylaxis):</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Is an Epi-Pen Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Medical Alert Information or Disability:</b> _____ Health Card or Private Insurance Policy Number: _____ (optional)			
<b>Program</b>			
Name of Grade 8 School : _____			
Does the student have an IEP (Individual Education Plan)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Parent/Legal Guardian (1st Priority Contact)</b>		<b>Parent/Legal Guardian/Emergency Contact (2nd Priority Contact)</b>	
Mr./Mrs./Ms.(Please circle)		Mr./Mrs./Ms.(Please circle)	
Name: _____		Name: _____	
Last Name                      First Name		Last Name                      First Name	
Relationship to Student: _____		Relationship to Student: _____	
Home Phone #: _____		Home Phone #: _____	
Business Phone #: _____ ext _____		Business Phone #: _____ ext _____	
Cell Phone #: _____		Cell Phone #: _____	
Email address: _____		Email address: _____	
Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>	Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>
Custody <input type="checkbox"/>	Access to Records <input type="checkbox"/>	Custody <input type="checkbox"/>	Access to Records <input type="checkbox"/>
Lives with Student <input type="checkbox"/>	Speaks English <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**