



Middle School Application Form

Student Name: _____

Shaded Area for Office Use Only

Student OEN (Ontario Education Number): _____

Trillium Student No.	Grade	Admit Date (yyyy/mm/dd)	Program	Homeroom
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Admit Code

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Beginner(JK/SK) | <input type="checkbox"/> From _____ School Board | <input type="checkbox"/> From Province Outside Ontario | <input type="checkbox"/> Homeschooled |
| <input type="checkbox"/> Beginner/DayCare | <input type="checkbox"/> From Outside Canada | <input type="checkbox"/> From Private School in Ontario | <input type="checkbox"/> Returning from Exchange |
| <input type="checkbox"/> From Native Ed. Auth. School | <input type="checkbox"/> From other country, born in Canada | <input type="checkbox"/> Returning after non-attendance | |

Most recent Report Card

(PLEASE PRINT)

STUDENT INFORMATION:

Name: _____ (Legal Last) _____ (Legal First) _____ (Legal Middle)

Name: _____ (Preferred Last) _____ (Preferred First) _____ (Preferred Middle)

Date of Birth / / Male Female Non-binary

STUDENT CONTACT INFORMATION (optional)

Cell Phone _____ - _____ - _____ E-mail Address: _____

Note: Legal Name must be shown on legal documents (i.e. birth certificate, passport, change of name order, adoption order, etc.) and will appear on all school Official Records

HOME ADDRESS:

Proof of Residency Verification Document Shown 1) _____
 Note: Principal may require such additional verification documentation as he/she deems necessary to confirm residency. 2) _____

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

HOME PHONE NUMBER: _____ - _____ - _____ Listed: Yes No

Fill in the section below ONLY if country of birth is other than Canada

Birth Country: _____ Country of Last Residence: _____

Status in Canada: _____ First Arrival Date in Canada: _____

English Level: _____ Expiry Date: _____

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To be completed for ALL students:

LANGUAGES

Country of Citizenship: _____ Province of Birth: _____

(If born in Canada)

1) English	<input type="checkbox"/> Native Language	<input type="checkbox"/> Fluent	<input type="checkbox"/> Spoken at Home	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic
2) French	<input type="checkbox"/> Native Language	<input type="checkbox"/> Fluent	<input type="checkbox"/> Spoken at Home	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic
3) _____	<input type="checkbox"/> Native Language	<input type="checkbox"/> Fluent	<input type="checkbox"/> Spoken at Home	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic
4) _____	<input type="checkbox"/> Native Language	<input type="checkbox"/> Fluent	<input type="checkbox"/> Spoken at Home	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic

EDUCATIONAL BACKGROUND

Has the student ever been registered at a Fuller Academy? Last grade attended _____

Yes No

If No, provide the name of the school most recently attended: _____

School Address _____ School Phone: _____ - _____ - _____

_____ School Fax Number: _____ - _____ - _____

_____ School E-mail: _____

Has the student previously received Special Education Support? Yes No

Type of program (if known): _____

Is the student currently under suspension from any school or board? Yes No

Is the student currently under expulsion from any school or board? Yes No

FOR SECONDARY SCHOOL USE ONLY:

Previous Community Service Hours completed outside Fuller Academy _____ hours

Proof of Literacy Test Result Received: Yes No

Transcript Attached: Yes No

First Entered ONT Sec. Schools after Grade 9: Yes No

Cohort Year: _____ (school year)

Grade 10 Literacy Test successfully completed (Please provide proof of results) Yes No

MEDICAL INFORMATION

Health Card No. _____ (Version No.) (optional but recommended)

Medical Conditions:

If your child has medical needs or conditions of which the school should be aware, please describe the condition(s) below:

_____ Life Threatening Yes No

_____ Yes No

Proof of immunization received: Yes No

ABORIGINAL STUDENT SELF-IDENTIFICATION:

All parents/guardians of Aboriginal students, and students where they are 18 years of age or older, have the right to voluntarily self-identify. **Please check the most appropriate box to indicate Aboriginal Identity (if applicable). Please select one box only.**

First Nation Ancestry (Status or non-Status) Aboriginal person from outside Canada
 Metis Ancestry Inuit Ancestry Other (please specify): _____

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PARENTS OR LEGAL GUARDIAN INFORMATION ONLY

If Parents are separated or divorced they must provide the school with information about the custody/access arrangements with respect to their child

Documentation Received: Yes No Not Applicable

Contact priority should be based on whom to call in the case of an emergency and/or school closure.

Note: If e-mail address is provided, the school **may** use it for contact purposes.

1) Last Name _____ First Name _____

(Please check all applicable boxes.)

Male Female Non-binary

Legal documents (custody order) are required in order for us to process a change to our records.

Relationship:

Mother

Father

Foster Parent

Legal Guardian

Access to Child

No Access

Guardian

Custody

Lives with Student

Receives Mail

Access to Records

Speaks English

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. _____ - _____ - _____ Listed: Yes No

Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____

E-mail Address* _____

Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]

Home Mailing Address (complete if different from student)

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

2) Last Name _____ First Name _____

(Please check all applicable boxes.)

Male Female Non-binary

Legal documents (custody order) are required in order for us to process a change to our records.

Relationship:

Mother

Father

Foster Parent

Legal Guardian

Access to Child

No Access

Guardian

Custody

Lives with Student

Receives Mail

Access to Records

Speaks School Language

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. _____ - _____ - _____ Listed: Yes No

Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____

E-mail Address* _____

Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]

Home Mailing Address (complete if different from student)

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

EMERGENCY CONTACT INFORMATION

If a parent/guardian cannot be contacted use the following emergency contact:

1) Last Name: _____ First Name: _____

Male Female Non-binary Relationship to student: _____

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone _____ - _____ - _____ Business No. _____ - _____ - _____ ext. _____

Cell No. _____ - _____ - _____

2) Last Name: _____ First Name: _____

Male Female Non-binary Relationship to student: _____

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone _____ - _____ - _____ Business No. _____ - _____ - _____ ext. _____

Cell No. _____ - _____ - _____

ADDITIONAL STUDENT INFORMATION: *(if required for school)*

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

Signature of Parent/Legal Guardian

Date: ____ / ____ / ____
y y y y m m d d

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 and for school registration purposes. 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 Fuller Academy.

*Email address will be used to provide information such as student progress and information nights.

** Email address will also be used to provide information of a commercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. CASL prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Fuller Academy requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.