



Student Registration Form

This form must be completed for all new students who are registering for edUcate Academic Services.

CBE ID #:	_____
Program:	_____
Address Verified:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Entered by:	_____ Date: _____ YYYY/MM/DD

STUDENT INFORMATION (Please print)

RSP – Special Education		
The student named below is enrolled in a Specialized Education curriculum <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the student named below ever registered in EDÚCATE ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, name the last CBE school attended		
Student ID Number	Last Grade Completed	School Withdrawal Date
		YYYY MM DD
Name of the Current Attending School _____		
Student's Legal Name	Student's AKA Name (name by which the student is commonly known in the family and community)	Birthdate
Surname _____	AKA Surname _____	YYYY MM DD
First Name _____	AKA First Name _____	
Middle Name _____		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other / Prefer not to disclose		
Address		City Postal Code
Phone Number	<input type="checkbox"/> Unlisted <input type="checkbox"/> Listed	Quadrant of City (please select one) <input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE Residential District

MEDICAL INFORMATION

<i>If the student's attendance to sessions be affected by an existing medical or physical condition, it is your responsibility to complete and submit. This also requested to best support in the event of an emergency.</i>	
Does your child have any medical or physical conditions that may affect his/her attendance at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give a brief description _____	
Accommodations Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL INFORMATION

Name of school at which student is attending	Grade Entering	Start Date
		YYYY MM DD
Subject Needing Support:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Subject Grade:
ELA <input type="checkbox"/> Math <input type="checkbox"/>		
Test Preparation Needed. Please explain:	SAT	AP
Homeroom Teacher	Counselor	Email:
		Phone:
Office Use Only	Course _____ Fees _____ Instructor _____	Request Records _____

ENGLISH AS A SECOND LANGUAGE (ESL) ELIGIBILITY

A student may be eligible for ESL support when the language spoken mainly at home is a language other than English. ESL students can be Canadian born or foreign born.

Do you think your child would benefit from ESL support? Yes No

Do you need assistance with interpretation? Yes No

Language mainly spoken at home _____

DECLARATION – Contract

I, the undersigned, hereby represent that I have the legal authority to register the child. I declare the information that I have provided on this form is complete and accurate. **Furthered, I am contractually expected to compensate for services offered. At the following rates:**

Academic Tutorial Fees: \$25.00

Test Preparation Fees: \$30.00

Signature of Custodial Parent / Legal Guardian / Independent Student

Registration Date

YYYY

MM

DD