



Daryk High School

BSID# 882053

Unit 2B, 5467 Yonge St. North York, ON M2N 5S1 Tel: (905) 597 – 3171 www.DarykHighSchool.com Email: Info@Darykhighschool.com

OEN#:

Grade:

Principal/Counselor:

Admit Date:

Information on this form will be used for home/school communications, planning and programming such as transportation, and to establish the Ontario Student Record. PLEASE PRINT

Student Information

Legal Name - Family Name, First Name and Middle Name

Preferred Name - Last Name, First Name

Date of Birth: (yyyy/mm/dd)

Siblings at this School: ☐ Yes ☐ No

Name: _____

Gender: ☐ M ☐ F

Grade: _____

Name: _____

Street #

Unit #

City/Town:

Township

Postal Code#

Home Phone #

Medical Alert Information/ Disability/Allergies:

Country of Birth:

Country of Last Residence:

Province of Birth:

Arrival Date:

Country of Citizenship:

Status in Canada:

First Language:

Language(s) Spoken at Home:

Main Language Spoken at Home:

If the student is considered to be of Indigenous ancestry, Please check all categories that apply:

☐ First Nation ☐ Métis ☐ Inuit

Parent/Guardian Information #1

Name - Last Name, First Name:

Relationship to Student:

Gender: M ☐ F ☐

Emergency Contact Priority:

School Closure Contact Priority:

Guardian: ☐

Custody: ☐

Lives with Student: ☐

Special Custody: ☐

Access to Records: ☐

Speaks School Language: ☐

Receives Mail: ☐

Home Phone #

Business Phone #

ext.

Cell Phone #

Email address:

Address (if different from student) #/Street:

City/Town:

Unit #

Township:

Postal Code:

Parent/Guardian Information #2

Name - Last Name, First Name:

Relationship to Student:

Gender: M ☐ F ☐

Emergency Contact Priority:

School Closure Contact Priority:

Guardian: ☐

Custody: ☐

Lives with Student: ☐

Special Custody: ☐

Access to Records: ☐

Speaks School Language: ☐

Receives Mail: ☐

Home Phone #

Business Phone #

ext.

Cell Phone #

Email address:

Address (if different from student) Street#:

City/Town:

Unit #

Township:

Postal Code:

2022-2023

Emergency Contact Information		
Name - Last Name, First Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>
Relationship to Student:	Emergency Contact Priority:	
Home Phone #	School Closure Contact Priority:	
Business Phone #	Cell Phone #	E-Mail Address:

Educational Background			
Previous School Attended:			
Address #/Street:			
City:	Province/State:	Country:	Postal Code:
Previous Board Attended:			
Departure Date:		Last Grade Attended:	
Home School (if attending on a transfer):			
Transfer Reason:		First Entry into Secondary School (yyyy/mm/dd)	
Has your child ever been expelled from another school? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, was the student readmitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this student currently under suspension from any school? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Name of School:	

Canada's Anti-Spam Legislation (CASL) Important Information to Parents/Guardians
<p>The school requires your consent to send you emails during the year regarding your child report?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: You will continue to receive emails on all other school matters.</p>

Notice to Parents/Guardians						
<p>Personal information is collected at registration pursuant to the <i>Education Act and the Municipal Freedom of Information and Protection of Privacy Act</i>. Questions about the collection and use of this personal information should be directed to the Privacy Office, York Region District School Board, 60 Wellington Street West, Box 40, Aurora, Ontario L4G 3H2 or (905) 727-3141, Extension 2015.</p> <p>I hereby certify that the above information contained on this form is accurate</p>						
<table border="0"> <tr> <td>Signed (Parent/Guardian)</td> <td>(Print Parent/Guardian Name)</td> <td>Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Signed (Parent/Guardian)	(Print Parent/Guardian Name)	Date	 	 	
Signed (Parent/Guardian)	(Print Parent/Guardian Name)	Date				

<p>Note: The 'Required Documentation' form MUST be signed and attached to this Registration Form then filed in the OSR and remains until 5 years post retirement for Ministry audit purposes. If student leaves YRDSB, it is removed before the OSR is sent. ONLY the proof of birth document is to be copied and retained until the OEN verification takes place, after which it must be DESTROYED. NO OTHER identity documents are to be copied and filed.</p>

Refund Policies

1. If an applicant accepts a place in a course or program offered by the school and pays the required tuition fee, it means that a binding contract is created between two parties.
2. Application/ Registration fee and other administrative charges are non-refundable and are included in the tuition fee.
3. No refund of tuition fee if a student with-draws after the commencement of the course or program / acceptance by the Immigration of Canada.
4. Any student who is expelled by the School will not be entitled to any refund of any fee.
5. Notification of withdrawal/ cancellation from a courses or programs or deferral from a courses or programs of study must be made in writing to the School.
6. Daryk High School reserves the right not to offer a course or a program previously made available at its own discretion. In case of cancellation or discontinue of any course or program, the student will be registered in a course or the program on the start date available.

Finalization

- 1) I hereby declare that information given in this application form is to the best of my knowledge complete and correct.
- 2) If my child is accepted as a student at Daryk High School, I/custodian hereby agree to abide by all the rules and regulations of the School.
- 3) School shall under no circumstances be liable for any loss, damage or injury.
- 4) I have read and acknowledged the Refund Policy and Regulations mentioned below in the form.
- 5) I hereby acknowledge that I will not be granted a Credit without completing a minimum of 110 hours in class for each course taken.
- 6) All the information collected may also be used for marketing purpose. But students' information will be kept confidential & will not be shared to any third party.
- 7) I understand that the photos or movies taking by the school may be used on the school websites, social Medias or elsewhere to promote and advertise the school, and I have NO problem with that.

Important Information

In case of visa refusal by the immigration officer, there will be 20% charge of the school's tuition fee if the student hires a different lawyer or agency rather than using the school one.

Signature

Signature of Applicant / Guardian: _____

Name of Parent or Guardian (if applicant is under 18): _____

Office Use Only
Secondary Registration - Required Documentation

Student Number:		OEN#:	
Track:	Grade:	Homeroom:	Register:
Program:		Admit Date:	Admit Code:
Bussing Required: <input type="checkbox"/> Y <input type="checkbox"/> N			
OSR Status:	Requested Date:	Received Date:	
OEN Status:	Requested Date:	Received Date:	
<p>Note: Birth Verification Documents can be copied for future OEN verification. Once that occurs the record MUST be destroyed.</p> <p>Check appropriate boxes below then verify accuracy by completing the Sign Off section at the bottom of the document.</p>			
School Records			
<input type="checkbox"/> Most Recent Report Card <input type="checkbox"/> Community Involvement Hours Completed		<input type="checkbox"/> Transcript <input type="checkbox"/> OSSLT	
Birth Verification			
<input type="checkbox"/> Birth Certificate/Statement of Live Birth/Birth Registration <input type="checkbox"/> Refugee Claimant Form(IMM 1442) <input type="checkbox"/> Permanent Resident Card (PRC) <input type="checkbox"/> Confirmation of Permanent Residence(IMM5292) <input type="checkbox"/> Baptismal Certificate		<input type="checkbox"/> Passport <input type="checkbox"/> Citizenship Card <input type="checkbox"/> Record of Landing (IMM 1000) <input type="checkbox"/> Certificate of Indian Affairs	
Proof of Residency			
<input type="checkbox"/> Tax Bill <input type="checkbox"/> Proof of Purchase		<input type="checkbox"/> Lease <input type="checkbox"/> Letter of Residency <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Bank Statement	
Citizenship and Immigrations Papers		Permit	
<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Documents <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Visitor Card		<input type="checkbox"/> Fee Paying <input type="checkbox"/> Study <input type="checkbox"/> Work <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Expiry Date _____</div> <div>Expiry Date _____</div> <div>Expiry Date _____</div> </div>	
ESL/ELD and Special Education			
Status: _____		Special Education: _____	
Level: _____		SEA Claim (Circle Level) 1 2 3 4	
		Alternative Program <input type="checkbox"/> Yes	
		French Immersion <input type="checkbox"/> Yes	
Sign Off - This form is to be completed and attached to the Registration Form			
Documentation Verified by:		Date: _____	
Registration Entered By:		Date: _____	