



# PERSONAL INFORMATION FORM 2010/2011

### Student Information

Legal last name: \_\_\_\_\_ Given names: \_\_\_\_\_

Name commonly used: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street address in Canada: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Gender:  male  female Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Province of Birth: \_\_\_\_\_ OR Country of Birth (if not Canada) \_\_\_\_\_

Entry date to Canada (mm/dd/yyyy): \_\_\_\_\_ First language (if not English): \_\_\_\_\_

Status in Canada (check one):  citizen  native ancestry  permanent resident  
 student visa  other visa  refugee

### Parent Information

**Mother or Guardian** Full Name: \_\_\_\_\_

Address if different from student's: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business phone: \_\_\_\_\_

**Father or Guardian** Full Name: \_\_\_\_\_

Address if different from student's: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business phone: \_\_\_\_\_

**Please indicate** if there are any special family arrangements of which the school should be made aware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Church Affiliation

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

### Health Information

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Number: \_\_\_\_\_

Identified Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

Does this condition require an epipen? \_\_\_\_\_

Emergency Contact Person (After attempting to notify parents/guardian): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

## Other Information

School previously attended: \_\_\_\_\_

School address: \_\_\_\_\_

## Ontario Student Record

An information file called the Ontario Student Record—containing report cards, an up-to-date transcript, and other material pertinent to the student's academic achievements—is maintained for each student enrolled in accordance with Ministry of Education guidelines.

## Field Trip Authorization

My child has permission to participate in all school trips, provided that they are properly supervised by a school official.

## Consent to Release Personal Information

In providing the above personal information, I understand that:

- This information may be shared internally to benefit student instruction
- Some information will be shared with Ontario government agencies as required by law.
- Student names and addresses may be shared with post-secondary institutions.
- Addresses and phone numbers will be shared with our school community via our Databook, unless otherwise requested.

\_\_\_\_\_  
Mother/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian signature

\_\_\_\_\_  
Date

## Media Consent

We regularly take wonderful photos of our students engaged in positive and dynamic activities. We would like to share some of these photos to show the excellent things that happen at HDCH. By posting the photos on the school web site, printing them in our literature, or releasing them to the media, visitors can get a sense of what our school is like.

The Privacy Act (PIPEDA) requires us to have written consent before we can use photos publicly. If you have any questions, feel free to contact Mr. Meester: or [hmeester@hdch.org](mailto:hmeester@hdch.org) or 905-648-6655 x113.

*By signing this document, we consent to the publication of a photograph including \_\_\_\_\_ (print student name).*

*We are aware that by giving this consent, we are permitting the photograph to be viewed by anyone who views the HDCH web site or reads HDCH literature, and that if consent were withheld, the publication would not occur. We have given this consent voluntarily.*

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date