

2024 IILE REGISTRATION FORM

BASIC INFORMATION		
Legal Last Name	First Name	Middle Name
Preferred Name (if different from legal name, please indicate below): Preferred Last Name Preferred First Name		Birth Date: (MM/DD/YYYY)
Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/> Prefer not to Disclose: <input type="checkbox"/> Prefer to Identify as: _____		
Phone Number:	Email Address:	
Alternate Number:		
ADDRESS		
STREET:		Apt. # / Unit #
CITY:		
PROVINCE:	POSTAL CODE:	
PARENT/EMERGENCY CONTACT		
Relationship to Student:	Parent/Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name (Last Name, First Name):		
Home Phone:	Cell Phone:	
Parent/Guardian Email:		
Parent/Guardian #2		
Relationship to Student:		
Name (Last Name, First Name):		
Home Phone:	Cell Phone:	
Parent/Guardian Email:		
Parent Signature: _____		Date: _____

MEDICAL INFORMATION

Life Threatening Medical Conditions

Does the student have a “Life Threatening” medical condition? Yes No

Please provide details:

Does the student require an EPIPEN? Yes No

Does the student require Insulin, Glucagon, other? Please specify:

Non-Life-Threatening Medical Conditions

Are there any non-life-threatening medical conditions the school should be aware of? Yes No

Please provide details:

COUNTRY OF BIRTH, CITIZENSHIP AND LANGUAGE

Country of Birth:	Province of Birth:	Country of Citizenship:
If not born in Canada, original date of first entry into Canada:		
Month (mm)	Day (dd)	Year (yyyy)
Residence Status in Canada:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Parent Work or Study Permit	<input type="checkbox"/> Refugee Status
First Language:	Language Spoken at Home:	

VOLUNTARY: SELF-IDENTIFICATION OF FIRST NATION, MÉTIS AND INUIT STUDENTS

If choosing to self-identify, please check the appropriate box: First Nation Métis Inuit

Simcoe County District School Board is committed to providing programs that result in improved success for First Nation, Métis and Inuit Students. All First Nation, Métis and Inuit Students have the right to voluntarily self-identify in accordance with SCDSB Policy 4195, Voluntary, Confidential Self-Identification of First Nation, Métis and Inuit Students.

EDUCATIONAL BACKGROUND

Name of Elementary School currently attending:

Location of Elementary School Attended:	Grade Level:
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FOR OFFICE USE ONLY

2024 IILE

Student Legal Name: _____
 Last Name First Name Middle Name

OEN: _____ **COURSE CODE:** _____

2024 IILE

Language Selection: Choose **one** only

<input type="checkbox"/> Russian	<input type="checkbox"/> Mandarin	Other languages (Indicate Below)
<input type="checkbox"/> Farsi	<input type="checkbox"/> Korean	
<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Urdu	
<input type="checkbox"/> Punjabi	<input type="checkbox"/> Tamil	
<input type="checkbox"/> Arabic	<input type="checkbox"/> Tagalog	
<input type="checkbox"/> Spanish	<input type="checkbox"/> Italian	
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Indigenous Languages	

Courses will run subject to sufficient enrollment.

For updated information please visit our website

www.thelearningcentres.com/programs/IILE

or call 905-775-4432