



# Central Technical School

725 Bathurst Street,  
Toronto, Ontario M5S 2R5  
Telephone: (416) 393-0070 • Fax: (416) 393-0067



## APPLICATION TO ATTEND

Semester I registration occurs in June and August. Call the school in May for an appointment.  
Semester II registration occurs in December and January. Call the school in November for an appointment.

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Interview Date: _____	Time: _____	Room: _____
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### The following documents must be included with your application:

- CREDIT COUNSELLING SUMMARY** from last school OR **TRANSCRIPT**, if Summary is not available.
- A completed **VICE-PRINCIPAL'S RECOMMENDATION** from the last school attended.
- Your most recent **REPORT CARD** from the last school attended.
- ATTENDANCE PROFILE** from the last school attended.
- APPLICATION FOR OPTIONAL ATTENDANCE** (*if applicable*).
- Proof of address (*2 pieces*) – Driver's licence; utility bill; current lease or deed; tax bill; bank statement.
- Health card number and doctor's name and phone number.
- Proof of I.D.:** Birth certificate and/or passport and/or immigration documents.
- Assessment from Newcomer Reception Center or Documentation from the TDSB Visa Office
- Legal documents to prove custody if the student doesn't reside with both parents at the address OR Guardianship documents.
- Bring a **PARENT** or **LEGAL GUARDIAN** if under 18 years of age.

### STUDENT QUESTIONNAIRE

1. Have you ever been suspended from school during the last year?     No     Yes (*If yes, please explain*).  
\_\_\_\_\_
2. Have you EVER been suspended from school for a violent act?     No     Yes (*If yes, please explain*).  
\_\_\_\_\_
3. Are you currently being considered for expulsion by a school board?     No     Yes (*If yes, please explain*).  
\_\_\_\_\_
4. Are you currently under expulsion from any school board?     No     Yes (*If yes, please explain*).  
\_\_\_\_\_

*Circle one: This application was: a) collected at the school; b) printed from the website*

### FOR OFFICE USE ONLY

Approved <input type="checkbox"/>	Date:	V.P. Signature:
Not Approved <input type="checkbox"/>	Reason:	

# VICE PRINCIPAL'S RECOMMENDATION

(To be completed by student's Vice Principal)

SCHOOL NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

REASON FOR CHANGE OF SCHOOL: \_\_\_\_\_

Check the appropriate box:

- |                    |                                      |                                       |
|--------------------|--------------------------------------|---------------------------------------|
| 1. ACHIEVEMENT     | acceptable <input type="checkbox"/>  | unacceptable <input type="checkbox"/> |
| 2. ATTENDANCE      | acceptable <input type="checkbox"/>  | unacceptable <input type="checkbox"/> |
| 3. BEHAVIOUR       | acceptable <input type="checkbox"/>  | unacceptable <input type="checkbox"/> |
| 4. PROGRAMME NEEDS | Special Ed. <input type="checkbox"/> | ESL/ELD <input type="checkbox"/>      |

5. GENERAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Required Attachments:  Last Report Card  Full printout of Attendance from beginning of school year.

**NOTE:**

- 1) The information you have provided is collected under the legal authority of Section 265(d) of the Education Act R.S.O. 1990, and may be used for administrative purposes related to school programs and records and for determining eligibility for attendance. Questions should be directed to the Principal.
- 2) Transferring schools could affect your eligibility to participate in sports.
- 3) Falsifying information on this form will result in your retirement from Central Technical School. Admission to Central Technical School is considered to be conditional pending receipt and review of the student's records from their previous school.

If this student is accepted to Central Technical School would you "Release" the student from your Trillium database so that he/she may be registered at Central Technical School?  Yes  No

It IS recommended  / is NOT recommended  that this student be considered for admission to Central Technical School.

\_\_\_\_\_  
Date Please Print Vice Principal's Name Vice Principal's Signature

Direct Phone No: \_\_\_\_\_ Extension No: \_\_\_\_\_

# Student Application- Secondary

School Name: \_\_\_\_\_



Trillium Student No: \_\_\_\_\_

(OFFICE USE ONLY)

Ontario Education No. : \_\_\_\_\_

Admit Date: Y Y Y Y / MTH. / D D

Grade: \_\_\_\_\_ Track: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Program: \_\_\_\_\_

Admit Code:

- Beginner
- From Care/Treat/Corr Facility
- From Private School in Ontario
- Returning from Exchange
- From This Board
- From Outside Canada
- From Other School Board
- From Province Outside of Ontario
- From Native Ed. Auth. School
- Returning after non-attendance

Transcript Attached

Most Recent Report Card

Adult: Yes  No

Verified by: \_\_\_\_\_



STUDENT INFORMATION

<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>
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**Note:** Legal Name must be shown on legal document (i.e. birth certificate, passport, etc.) and will appear on all school Official Records.

<b>Preferred Last Name</b> <small>(If different from Legal Name)</small>	<b>Preferred First Name</b> <small>(If different from Legal Name)</small>	Female <input type="checkbox"/> Male <input type="checkbox"/>	<b>Date of Birth</b> ____/____/____ <small>Y Y Y Y MTH. D D</small>	<b>Sibling(s):</b> Does the student have any brother(s) or sister(s) in school? Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Home Address:</b> _____ <small>Street No. and Name Apt. #</small>	Home Phone Number: (____) _____	Listed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Phone Number: (____) _____ Type: _____
_____ <small>City Postal Code</small>	<b>Proof of Residency Verification Document Shown:</b> 1) _____ 2) _____		

<b>Does the student have Life-threatening allergies</b> ( e.g. Anaphylaxis): Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Is Epi- Pen Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Office Use Only</i> Proof of Immunization Record Shown Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Medical Alert Information or Disability:</b> _____		
Health Card or Private Insurance Policy Number _____ (Optional)		

Is this student **currently** under **suspension** from any School or Board? Yes  No

Is this student **currently** under **expulsion** from any School or Board? Yes  No

<b>Program:</b> Previous School Attended: _____ Previous School Board: _____	Has student previously received Special Education support? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Program (if known): _____
Has the student completed the Literacy Test? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the student completed community Service Hours? Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Office Use Only - For Funding Purposes</b> <b>Fees Required If: (Approved by TDSB Admissions Office)</b>
Student/Parent is on Study Permit <input type="checkbox"/> Student/Parent is a Visitor to Canada <input type="checkbox"/> Fees paid by the Government of Canada <input type="checkbox"/> Fees are paid by a Native Education Authority <input type="checkbox"/>
If <b>uncertain</b> , please consult or refer parent/guardian to the TDSB Admissions Office at 5050 Yonge St. Main Floor (416) 395-8109/9618

<b>English as Second Language Funding Purposes</b>
If student <b>is not</b> born in Canada, indicate Country _____
Arrival Date in Canada ____/____/____ <small>Y Y Y Y MTH. D D</small>
Verification Document shown: _____
Province of Birth and Arrival Date: _____

<b>Language</b>
First Language of Student : _____
Second Language Spoken at Home: _____

## Primary Contacts – (Mother/Father/Legal Guardian)

CONTACT

### Parent/Legal Guardian

Mr./Mrs./Ms.(Please circle one)

Name: \_\_\_\_\_  
Last Name First Name

Relationship to Student:

(Please check one) Mother  Father  Legal Guardian

Home Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Listed

Business Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Ext.

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(If parent/guardian doesn't live with student)

Access to Student: Yes  No

In Emergency, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

For Early Closure, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Guardian  Receives Mail

Custody  Access to Records

Lives with Student  Speaks English

### Parent/Legal Guardian

Mr./Mrs./Ms.(Please circle one)

Name: \_\_\_\_\_  
Last Name First Name

Relationship to Student:

(Please check one) Mother  Father  Legal Guardian

Home Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Listed

Business Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Ext.

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(If parent/guardian doesn't live with student)

Access to Student: Yes  No

In Emergency, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

For Early Closure, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Guardian  Receives Mail

Custody  Access to Records

Lives with Student  Speaks English

INFORMATION

### Emergency Contact

Male  Female

Name: \_\_\_\_\_  
Last Name First Name

Home Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Listed

Business Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Ext.

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

Relationship to Student \_\_\_\_\_

### Other Contact

Male  Female

Name: \_\_\_\_\_  
Last Name First Name

Home Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Listed

Other Phone Number (\_\_\_\_) \_\_\_\_\_  
Area Code

Relationship to Student \_\_\_\_\_

**Voluntary First Nation, Métis and Inuit 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 (Status or non-Status)  Métis  Inuit  Aboriginal person from outside Canada  Other (please specify) \_\_\_\_\_

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 MTH. 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. 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 the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8. Tel: (416)397-3288.