



**HALTON CATHOLIC DISTRICT SCHOOL BOARD
CORPUS CHRISTI SECONDARY SCHOOL**

Checklist for Student Registration

DATE: _____

Legal last Name: _____

Legal First Name: _____

Date of Birth: _____

OEN# _____

PERSONAL DOCUMENTATION	FOR SCHOOL USE ONLY	
	RECEIVED	INITIALS
1. Proof of legal status in Canada <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Canadian passport <input type="checkbox"/> Canadian citizenship Card/certificate <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Confirmation of Permanent Residence <input type="checkbox"/> Work Permit <input type="checkbox"/> Visitor Record <input type="checkbox"/> Refugee claimant permit	I certify that I have seen this document Dated: _____	
2. Proof of residence (with current date) <input type="checkbox"/> Driver's License <input type="checkbox"/> Government issued forms <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement/Letter from Financial Institution <input type="checkbox"/> Credit Card Statement <input type="checkbox"/> Purchase/Rental Agreement (rental has to be one year or more)	I certify that I have seen this document Dated: _____	
3. Proof of Guardianship <input type="checkbox"/> Living with custodial parent(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Canadian custodial Court Order <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Living with Guardian with court order attached	I have reviewed and attached the required documentation if applicable Dated: _____	
4. Language Information (for funding and emergency purposes) - Country of Birth: _____ - 1 st Entry date into Canada: _____ - Parent speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No - Was English first language student learned at home <input type="checkbox"/> Yes <input type="checkbox"/> No - Language spoken at home: _____	I certify that I have seen this document Dated: _____	
5. Medical Conditions - Does student have any medical conditions that the school should know about <input type="checkbox"/> Yes <input type="checkbox"/> No Name if applicable _____ - Does student have an I.E.P <input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that I reviewed this section with parent/s _____	
6. \$65 Student Activity Fee <input type="checkbox"/> Personal Cheque <input type="checkbox"/> Money Order		

SCHOOL DOCUMENTATION	RECEIVED	NOT RECEIVED
	1. Most recent report card	
2. Credit Counselling Summary (if currently in secondary school)		
3. IEP – if applicable		
4. Option Guide (course selections)		
5. Student Information/consent form		
6. Welcome Center testing if applicable		
7. Cross Boundary approved form if applicable		

Certified by: _____ **Date:** _____