

## ST. THOMAS AQUINAS CATHOLIC SECONDARY SCHOOL REGISTRATION CHECKLIST – NEW STUDENTS

NAME: \_\_\_\_\_\_ ENTERING GRADE \_\_\_\_**9**\_\_\_

DATE OF REGISTRATI	ION:					
COUNSELLOR:						
ONLY <u>COMPLETE</u> REG The following inform		(AGES WILL BE ACCEPTED AND PROCES ation is required:	SED			
Birth Ce	rtificate					
HCDSB F	HCDSB Registration Form					
Option S	Sheet					
Parent 0	Consent Form					
Activity	Fee \$65 Cash	Cheque				
Proof of	In-Boundary Addı	ress (utility bill, tax bill, rental/sale agreement)				
Individu	al Education Plan	(IEP) if applicable				
If studer	nt does NOT live w	vith both parents please provide legal				
Custodia	al/Guardianship A	greement (signatures of both parents required o	on			
Registratio	on Form). If student rec	quires bussing to two separate in-boundary addres	ses			
please let	the school know before	e start date.				

## **FOR OUT OF COUNTRY STUDENTS:**

Record of Landing (Immigration Papers)