

# GURU TEGH BAHADUR INTERNATIONAL SCHOOL

## STUDENT REGISTRATION FORM

ONTARIO EDUCATION NUMBER (OEN)	GRADE/HOME FORM	ADMISSION DATE (yyyy-mm-dd)	GR 9 ENTRY DATE(yyyy-mm-dd)
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### STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
USUAL LAST NAME	PREFERRED FIRST NAME	BIRTH DATE (yyyy-mm-dd) (AGE ON ADMISSION)	

### RESIDENTIAL ADDRESS

HOME PHONE NUMBER ( )	UNLISTED <input type="checkbox"/> YES	APT. NO.	STREET/EMERGENCY NUMBER	STREET NAME/LINE OR SIDE ROAD
P.O. BOX	TOWN/CITY		PROVINCE	POSTAL CODE
				MAILING ADDRESS <input type="checkbox"/> SAME AS PROPERTY ADDRESS

### MAILING ADDRESS

COMPLETE THIS SECTION IF STUDENT LOCATION IS DIFFERENT FROM PROPERTY ADDRESS.	APT. NO.	STREET NUMBER	STREET NAME/LINE OR SIDE ROAD
	P.O. BOX	TOWN/CITY	POSTAL CODE

### GENERAL STUDENT INFORMATION (Must be completed in full)

PREVIOUS SCHOOL DISTRICT	PREVIOUS SCHOOL NAME	PREVIOUS SCHOOL ADDRESS
PROOF OF AGE & NAME (copy for OSR) <input type="checkbox"/> CDN. BIRTH CERTIFICATE/REGISTRATION CARD <input type="checkbox"/> CDN. CITIZENSHIP CARD <input type="checkbox"/> CDN. PASSPORT <input type="checkbox"/> IMMIGRATION DOC.		Country of Birth _____ Province/Territory If Canada _____ 1 <sup>st</sup> Entry Date into Canada (yyyy-mm-dd) _____
WAS ENGLISH FIRST LANGUAGE STUDENT LEARNED AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGES STUDENT SPEAKS AT HOME _____	
VOLUNTARY AND CONFIDENTIAL SELF IDENTIFICATION <input type="checkbox"/> FIRST NATION <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT		

### HEALTH FACTORS (Must be completed in full)

HEALTH FACTORS <input type="checkbox"/> ASTHMA - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEIZURES- Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DIABETES- Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ALLERGIES _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICATION REQUIRED AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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### SIBLING INFORMATION (Must be completed in full)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	DATE OF BIRTH	SCHOOL & GRADE
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		

### PARENTAL INFORMATION (Must be completed in full)

CUSTODY <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> SELF (16 & OVER) with letter <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> LEGAL GUARDIAN(S) <input type="checkbox"/> CHILDREN'S AID SOCIETY				LIVING WITH <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> SELF (16 & OVER) with letter <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> LEGAL GUARDIAN(S) <input type="checkbox"/> FOSTER PARENT(S)			
<input type="checkbox"/> MOTHER	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last Name	First Name	Parent Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> FATHER	<input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.						
Home Phone Number ( )	Cellular/Pager Number ( )	Business Phone Number (including Ext.) ( )	E-mail Address				
<input type="checkbox"/> MOTHER	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last Name	First Name	Parent Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> FATHER	<input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.						
Home Phone Number ( )	Cellular/Pager Number ( )	Business Phone Number (including Ext.) ( )	E-mail Address				
Address if Different from Student (include Street Number, Name, City and Postal Code)							
Relationship	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Last Name	First Name	Parent Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO			
Home Phone Number ( )	Cellular/Pager Number ( )	Business Phone Number (including Ext.) ( )	E-mail Address				
Address if Different from Student (include Street Number, Name, City and Postal Code)							

ADDITIONAL FAMILY INFORMATION OF WHICH SCHOOL SHOULD BE AWARE:

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PLEASE ADVISE IF ALTERNATE COMMUNICATION (e.g. LARGE PRINT, BRAILLE, SIGN LANGUAGE) REQUIRED

**EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) UNAVAILABLE — IN ORDER OF AVAILABILITY (#1 EASIEST TO CONTACT)**

TITLE (CIRCLE ONE) MR/MRS/ MS./MISS/ DR./REV.	1. LAST NAME	TITLE (CIRCLE ONE) MR/MRS/ MS./MISS/ DR./REV.	2. LAST NAME	TITLE (CIRCLE ONE) MR/MRS/ MS./MISS/ DR./REV.	3. LAST NAME
	FIRST NAME		FIRST NAME		FIRST NAME
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
HOME PHONE NUMBER ( )	CELLULAR / PAGER NUMBER ( )	HOME PHONE NUMBER ( )	CELLULAR / PAGER NUMBER ( )	HOME PHONE NUMBER ( )	CELLULAR / PAGER NUMBER ( )
BUS. PHONE NUMBER & EXTENSION ( )	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION ( )	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION ( )	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENT STATUS: <input type="checkbox"/> BOARDING <input type="checkbox"/> DAY		<b>SERVICES REQUIRED</b>			
BUS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		ONE WAY: <input type="checkbox"/> am <input type="checkbox"/> pm		TWO WAY: <input type="checkbox"/> both am and pm	
DISTANCE TO SCHOOL FROM YOUR HOME: _____ Km					

PICK UP FROM SCHOOL (circle one)

Who will come to pick up the student? Mother / Father / Other

Name of the person (If other than mother and father) \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

I/WE AGREE GTB International School MAY CONTACT MY CHILD'S FORMER SCHOOL TO COLLECT INFORMATION FOR PURPOSES CONSISTENT WITH THE SCHOOLS LEGISLATED RESPONSIBILITIES AND AUTHORITY.  YES  NO If no, reason. \_\_\_\_\_

Please read the following carefully before signing:

1. I understand that the tuition fee is due in full by March 30th of the academic session, and also accept my obligation to pay the entire tuition fee, even if my child/children are withdrawn/expelled from school anytime during the school year or immediately after the start of the school session in September.
2. GTB International School expects the students to follow all the rules and shows exemplary behavior consistent with the school ideals. I confirm that I have received GTB rule book for students and parents.
3. I agree that the information may be used by GTB International School for purposes consistent with its policies and in accordance with Federal and provincial law.
4. I and my child undertake to abide by the rules, regulations, policies, and procedures as made from the time to time by GTB International School. I also authorize GTB International School to use my child's photo/video or any other form of media or achievement record for promotional purposes
5. Parents are advised that despite the inclusion of noise control features in this building, noise levels from increasing aircraft movements may continue to be of concern, occasionally interfering with some of the activities of the school.
6. I accept that in a school children engage in many physical activities, with any physical activities there is a risk for injury. I accept that in a matter of any injury or otherwise i indemnify the school (Guru Tegh Bahadur International School Inc) and any of its employees or anyone else working on the premises or on any school field trips for any all forms of financial loss or any other form of loss and i accept that this does not form an exhaustive list of activities.

IS THE STUDENT CURRENTLY SERVING A SUSPENSION OR EXPULSION?  YES  NO If yes, reason. \_\_\_\_\_

REGISTRATION IS CONDITIONAL UPON RECEIPT OF O.S.R./SCHOOL RECORDS FROM SENDING SCHOOL TO CONFIRM APPROPRIATENESS OF ADMISSION.

\_\_\_\_\_  
PARENT/GUARDIAN OR STUDENT (18 OR OLDER)

\_\_\_\_\_  
DATE

## Parental Consent for Emergency Medical Treatment

In case of emergency, I/We, in the event of my/our unavailability, hereby authorize the faculty and staff of GTB International School to grant permission for any medical or surgical treatment deemed necessary by the medical staff for my child.

Child's Name: \_\_\_\_\_

I \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ give consent for my son / daughter: To take part in Educational Visits that take place away from the main School site. To be given first aid or urgent medical treatment during any such activity which is considered necessary during the visit/activity. I understand that should medical treatment be necessary; every effort will be made to obtain my consent. However, in an emergency I authorize the party leaders to consent on my behalf to any medical treatment, which a medical professional feels is necessary

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Parental Signature

Print Name

Day Phone

Cell Phone

**Known Allergies:**

\_\_\_\_\_

**Daily Medications:**

\_\_\_\_\_

**Pediatrician Name:**

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**SECONDARY STUDENTS ONLY**  
**ENTER COURSE SELECTIONS IN THE SPACE PROVIDED**

FIRST CHOICE COURSES COURSE CODE	SUBJECT	GRADE	ALTERNATE COURSES COURSE CODE	SUBJECT	GRADE

GRADE NINE ENTRY DATE							
	YEAR		MONTH		DAY		

LITERACY DIPLOMA REQUIREMENT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO (Verified on OST)	ONTARIO STUDENT TRANSCRIPT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
40 HOURS COMMUNITY INVOLVEMENT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO (Verified on OST)	

Counsellor	Number of Credits Already Obtained
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## FEE STRUCTURE (K-8)

2019

SANDALWOOD CAMPUS

<b>Admission Fee (Non- refundable)</b>		<b>\$1000</b>
<b>Deposit (Non-refundable)</b>		<b>\$3000</b>
<b>Tuition Fee (16 students)</b>		<b>\$10,000</b>
<b>Regular Fee+ Intensive Care Unit (4-6 students in class)</b>		<b>\$16,000 (\$10,000 + 6000)</b>
<b>Extended Hours</b>		<b>8:00am-9:00am- \$150/month 4:00pm-6:00pm- \$200/month</b>
<b>Transportation</b>		<b>0-5 K.M ----- \$2400 (\$240 monthly) 5-10 K.M ----- \$2600 (\$260 monthly) 10-15 K.M ----- \$2800 (\$280 monthly)</b>
<b>Fee Plan</b>	Parent-Signature	Principal Signature

### Terms and conditions:

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1. ALL FEES ARE NON-REFUNDABLE; NO EXCEMPTIONS.
2. In the event that a student is expelled or withdrawn from school for any reason, his/her tuition and registration fee will not be refunded. (In case child leaves school between August and September, registration fee will not be refunded).
3. Full fee must be paid before March 2020
4. Postdated cheques must be submitted before September 2019.

5. There is a penalty fee of \$100, if cheques are dishonored.
6. If a payment is missed there will be a fee of \$10/day until the payment is made. If a payment is missed due to a dishonored cheque the penalty fee will also apply.
7. Stationary, Uniform and transportation cost are not included in the Fee.
8. There will be an Annual 5% fee increase every year.

## FEE STRUCTURE (Grade 9-12) 2019 SANDALWOOD CAMPUS

	Grade 9	Grade 10	Grade 11	Grade 12						
<b>Admission Fee (Non-refundable)</b>	<b>\$1000</b>	<b>\$1000</b>	<b>\$1000</b>	<b>\$1000</b>						
<b>Deposit (Non-refundable)</b>	<b>\$3000</b>	<b>\$3000</b>	<b>\$3000</b>	<b>\$3000</b>						
<b>Annual Fee (16 students in class)</b>	<b>\$11,000</b>	<b>\$12,000</b>	<b>\$13,000</b>	<b>\$14,000</b>						
<b>Regular Fee + Intensive Care Unit (4-8 students in class)</b>	<b>\$17,000</b> (\$11,000+\$6000)	<b>\$18,000</b> (\$12,000+\$6000)	<b>\$19,000</b> (\$13,000 + \$6000)	<b>\$20,000</b> (\$14,000+ \$6000)						
<b>Extended Hours</b>	<b>Mornings 8:00am-9:00am- \$150 /month</b> <b>Evenings 4:00pm-6:00pm- \$200/month</b>									
<b>Transportation</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: right;"><b>0-5 K.M</b></td> <td>\$2600 (\$260 monthly)</td> </tr> <tr> <td style="text-align: right;"><b>5-10 K.M</b></td> <td>\$ 2800 (\$220 monthly)</td> </tr> <tr> <td style="text-align: right;"><b>10-15 K.M</b></td> <td>\$3000 (\$240 monthly)</td> </tr> </table>				<b>0-5 K.M</b>	\$2600 (\$260 monthly)	<b>5-10 K.M</b>	\$ 2800 (\$220 monthly)	<b>10-15 K.M</b>	\$3000 (\$240 monthly)
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<b>10-15 K.M</b>	\$3000 (\$240 monthly)									
	Parent Signature		Principal Signature							

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