



# St. Stephen Catholic Secondary School

300 Scugog Street, Bowmanville, L1C 6Y8

Phone: 905-623-3990 Fax: 905-623-9991



## APPLICATION AND INTERVIEW PROCESS

Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Grade Entering: \_\_\_ Present School: \_\_\_\_\_ Location: \_\_\_\_\_

Students wishing to register at St. Stephen Catholic Secondary School are requested to:

- (A) *Complete the Pre-Admission Application Forms attached and*
- (B) *Submit the requested documentation*

An interview with Administration will be scheduled only after all the required documents listed below have been submitted and if the requested courses are available. Administration reserves the right to determine if an interview will be granted to prospective students. Specialty courses/programs can only be offered subject to availability.

### DOCUMENTS REQUIRED:

- Birth Verification Document
- Pre-Admission Forms Completed
- Up-to-date School Transcript
- Attendance Record from the Last Semester/Term
- Report Card from the Last Semester/Term (Gr. 8 students - submit final report card)
- Proof of Residency
- Baptismal Certificate
- Computer User Contract
- Proof of Immunization
- Activity Fee - \$25.00 (Bring to interview)
- Current Timetable (Mid Semester Transfer only)



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## REGISTRATION FORM

### STUDENT INFORMATION

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_ (Usual Name: \_\_\_\_\_)  
 Birthdate: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ Age: \_\_\_\_\_ Sex: M / F Religion (Circle One): Catholic/Non-Catholic  
 House#: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Postal Code: \_\_\_\_\_ R.R.#: \_\_\_\_\_ Township: \_\_\_\_\_  
 Email Address for Parent Contact: \_\_\_\_\_  
 Do any siblings attend St. Stephen Catholic Secondary School Yes No If yes specify name(s): \_\_\_\_\_  
 Present School: \_\_\_\_\_ Present Grade: \_\_\_\_\_ Town: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Entry Date to Canada: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_

### PARENT/GUARDIAN INFORMATION

Student lives with (select 1 of 4): Both Parents  Mother  Father  Legal Guardian   
 1<sup>st</sup> Parent - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Circle One: Mr. / Mrs. / Ms.  
 Work # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_ Relationship to Student: \_\_\_\_\_ Primary Residence: Yes/No  
 2<sup>nd</sup> Parent - Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Circle One: Mr. / Mrs. / Ms.  
 Work # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_ Relationship to Student: \_\_\_\_\_ Primary Residence: Yes/No  
 List any special custody concerns (e.g. visitation rights) \_\_\_\_\_  
 Ward of Children's Aid Society:  List name and address of C.A.S. worker: \_\_\_\_\_

### EMERGENCY/SPECIAL EDUCATION INFORMATION

Emergency Contact (other than PARENT) - Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Special Medical Information (include MEDIC ALERT/EPIPEN): \_\_\_\_\_  
 (Note: Fill out the following for students who have been IDENTIFIED through Special Education Services of their previous school and/or the Board.)  
 Date of last I.P.R.C.: Month \_\_\_\_ Year \_\_\_\_ Exceptionality: \_\_\_\_\_

**Parent/Guardian Responsibilities:** St. Stephen Catholic Secondary School has a Formal Dress Code and Code of Conduct. Your signature below indicates that you agree that your son/daughter will adhere to the Formal Dress Code and Code of Conduct of the school as outlined in the Student Agenda.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SCHOOL HISTORY - To be completed by the Vice-Principal of the present school

Name of Vice-Principal: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Present School: \_\_\_\_\_ Phone: \_\_\_\_\_

Student attended this school from: \_\_\_\_\_ until: \_\_\_\_\_

Attendance:            Excellent            Acceptable            Unacceptable

Achievement:        Excellent            Acceptable            Unacceptable

Behaviour:            Excellent            Acceptable            Unacceptable

Reason for leaving school: \_\_\_\_\_

Has this student had any suspensions during the past school year?:    Yes    No

If yes, please state the reason(s): \_\_\_\_\_

Has this student ever been expelled?    Yes        No

If yes, please state the reason(s): \_\_\_\_\_

Literacy Test Results:    Passed: READING    Yes        No        N/A

                                 Passed: WRITING    Yes                    No        N/A

Identified:                Yes        No    Exceptionality \_\_\_\_\_

Date of Last IPRC: \_\_\_\_\_ Decision: Continue/Discontinue Identification

ISA Claim (if applicable)    1        2        3        Details/Equipment to Transfer:

\_\_\_\_\_

ESL student:    Yes        No    First Language Spoken: \_\_\_\_\_

General Comments: \_\_\_\_\_

## AUTHORIZATION

By signing below, I \_\_\_\_\_, authorize St. Stephen Catholic Secondary School to contact any previous Principal or Designate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and agree with the information on this form:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARTICIPATION IN RELIGIOUS CELEBRATIONS AND RELIGIOUS EDUCATION COURSES

To ensure the integrity of our ministry in Catholic Education, St. Stephen Catholic Secondary School students undertake a religious education course during each year of study and they participate fully in religious celebrations.

This provides our students with the opportunity to learn about and celebrate their faith.

It is understood that registration and attendance at this school is founded upon these components of Catholic Education.

We look forward to sharing our ministry of Catholic Education with your child and family.

Acknowledgment of reading this document:

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Student Signature

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Parent Signature

# EMERGENCY / MEDIA FORM

Student Name: \_\_\_\_\_

The personal information on this form has been collected under the authority of the Education Act, R.S.O. 1980, c. 129, as amended, and under the Municipal Freedom of Information and Protection Act, it is necessary for us to obtain your consent.

Each year, it is necessary and very important to bring pupil records up to date so that, if the need arises, we can act quickly to contact you or an appropriate party. This form will be handled with the strictest confidence.

Student name, address, phone number, school, grade and date of birth shall be shared with the School Nurse and Medical Officer of Health. Parent/guardian/name, address, and phone number shall be shared with the School Nurse and Medical Office of Health. (Bill 30, section 7 (2a)).

Users of this information will be Principals, Teachers and Secretaries.

Please check  
appropriate box

## **INFORMATION RELEASE**

The Peterborough Victoria Northumberland Catholic District School Board takes pride in publishing events happening in the schools. Board newspapers, newsletters, website, media and other publications often contain student's names, photographs, or other personal information. Under the Freedom of Information Act and Protection of Privacy Legislation, permission is required to continue the practice of publicizing your child's involvement with some of the events happening in school.

*I authorize the PVNCCDS Board and St. Stephen Catholic Secondary School to use the name, grade, photograph, artwork, articles and school projects of my child in school newsletters, the school web site, Board publications, media and other displays.*

Yes  No

## **WALKING EXCURSIONS**

Teachers may wish to take a class on a walking excursion in the vicinity of the school. Walking excursions are carefully planned and supervised. The length of the excursion and amount of supervision required is determined by the grade level of the students.

*I give permission for my child to participate in supervised walking excursions.*

Yes  No

**PARISH PRIEST**

*I give permission for my name and phone number to be shared with the Parish Priest to facilitate the Catholic education of my child.*

Yes  No

**PHONING COMMITTEE OR PARENT ADVISORY GROUP**

*I give permission for my name and phone number to be shared with the Phoning Committee or Parent Advisory Group to facilitate early school dismissals, school excursions and other school activities.*

Yes  No

**POTASSIUM IODIDE (KI) PILL**

IN THE EVENT that radioactive emissions occur at the Darlington Nuclear Station:

*I GRANT permission for my son/daughter to be administered a potassium iodide (KI) pill.*

Yes  No

**IN CASE OF EMERGENCY**

In the case of emergency, when parents or designates cannot be contacted, the student will be taken to hospital.

OTHER INSTRUCTIONS:

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Signature of Parent/Guardian: \_\_\_\_\_  
(Student signature if over 18 years)

Date: \_\_\_\_\_

# STUDENT ACCEPTABLE USE OF TECHNOLOGY AGREEMENT

## Intermediate-Senior (Grades 9-12)

### STUDENT CONSENT

I agree to:

- I have read and understood Peterborough, Victoria, Northumberland and Clarington Catholic District School Board's (the Board's) Student Acceptable Use of Technology Agreement (the Agreement) and recognize that it is based on Policies and Administrative Procedures governing my use of technology resources and that these documents are available on the board's website.
- I agree to abide by the terms and conditions described within the Agreement and the requirements outlined in Policy 902- Student Acceptable Use of Technology and Policy 904 – Personal Network Devices.
- I recognize that failure to comply with the Agreement may result in the loss of computer and/or network access privileges, financial compensation to the Board and other disciplinary actions consistent with the School's Code of Behaviour, Board Policy and/or legal authorities.

For devices I own, I further agree to:

- Protect my device from loss, damage or theft
- Keep the device software up to date and legal, i.e. commercial software has been purchased
- Ensure that software and firmware is up to date as recommended by the manufacturer
- Not run or host servers on my device, including web servers, ftp servers, mail servers, file sharing and peer to peer
- Give my device to an adult in my school if requested

STUDENT NAME (PRINTED): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PARENT/GUARDIAN CONSENT

- I have read and understood the Peterborough, Victoria, Northumberland and Clarington Catholic District School Board's Student Acceptable Use of Technology Agreement (the Agreement) and if applicable, the Board's Personal Network Device policy.
- I recognize that this Agreement is designed for my child's grade level and that the full policies and administrative procedures governing my child's use of technology are available on the board's website or from my child's school.
- I will emphasize the ethical and responsible use of technology and caution my child about unsafe communication with others on the internet.
- I will ensure that media and software on my child's Personal Network Device(s) has been purchased and is legal.
- I grant permission for my child to access networked information technology, inclusive of the internet and e-mail for educational purposes. I am aware that my child will be given instruction in the proper use of the internet at school and further recognize that I am responsible to supervise my child's use of the computer and internet at home.
- I understand that the Board will not service my child's Personal Network Device, nor will it be liable in the event that the device is lost, stolen, damaged or otherwise rendered inoperable.
- I understand that the Board will from time to time and without prior notice to the student, access and/or monitor the Board's Electronic Information Systems.

PARENT NAME (PRINTED): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### Information Collection Authorization:

The information contained on this form has been collected under the authority of the Education Act R.S.O. 1980, as amended and the Municipal Freedom of Information and Protection of Privacy Act, 1989. Information from this form will be used to enforce appropriate use of the internet and information technology in accordance with Policy 902 - Student Acceptable Use of Technology. The contact person for queries regarding this information is the Manager of Computer Services.

COPIES: (1) Student OSR (2) Parent (upon request)

# STUDENT ACCEPTABLE USE OF TECHNOLOGY AGREEMENT

## TERMS AND CONDITIONS

*It is the policy of the Peterborough Victoria Northumberland and Clarington Catholic District School Board (the "Board") to ensure that the Internet and the board's Information Technology are used to support learning in a manner that is consistent with the Board mission statement, Catholic values and guiding principles.*

### 1.0 Purpose of the Wide Area Network

- Use of the information technologies owned or operated by the Board must be used for the purpose of conducting Board business or the provision of an educational program.
- Use of the Board's Wide Area Network and its connection to the Internet for advertisement or monetary profit must have Board approval.
- The Board will from time to time and without prior notice to the student, access and/or monitor the Board's Electronic Information Systems

### 2.0 Network Etiquette and Citizenship

- The Board provides access to the internet for educational activities defined in the instructional plans of our teachers.
- Users will not post, publish, or display any defamatory, abusive, threatening, sexist, racially offensive, profane, obscene, sexually oriented, illegal and other material found to be offensive.
- The sending or storage of offensive messages from any source is prohibited.
- Users shall not copy information or software in violation of copyright laws.
- Software and resources downloaded will be used only under the terms and conditions specified by the owner or creator of those resources.
- Only staff are authorized to download software or executable(.exe) programs.
- It is prohibited for a user to post messages and attribute them to another user.
- Users will not plagiarize works that they find on the Internet. Plagiarism is taking the ideas or writings of others and presenting them as if they were original to the user.

### 3.0 Vandalism

- Transmission of any software having the purpose of damaging computer systems and files (i.e. computer viruses) is prohibited. All software and files downloaded must be systematically checked for viruses before being placed on a school's network.
- Any malicious attempt to harm or destroy the data of any person, computer or network linked to the Board's Wide Area Network is prohibited and will result in financial compensation to the Board and/or the pursuance of criminal charges and/or other disciplinary action consistent with the School Code of Behaviour, Board Policy and/or legal authorities.
- Users will not attempt to gain unauthorized access to the Board's system or to any other computer system through the Board's system, or go beyond their authorized access. This includes attempting to log in through another person's account or accessing another person's files. These actions are illegal, even if only for the purposes of browsing.

### 4.0 Security and Personal Safety

- Users may not share their passwords or accounts with others and must make all efforts to safeguard this information from unauthorized users.
- Users are advised to refrain from giving out personal information, such as their family name, email address, home address, school name, city, country or other information that could help someone locate or contact them in person.
- Users will not post identifying photos or videos.
- The Board reserves the right to block access to sites and to conduct regular checks of the system as deemed appropriate.
- An individual search will be conducted if there is reasonable cause to suspect that a user has violated the law or the school code of conduct. Personal files are discoverable under public records laws.

### 5.0 Inappropriate Material

- Interactive Internet gaming will not be accessed through the Board Internet Service.
- Upon access to or receipt of material that is educationally inappropriate and contrary to the Board's Mission Statement, the user shall immediately turn off the monitor and report the incident to the classroom teacher, staff and or immediate supervisor.



# COURSE SELECTIONS

*St. Stephen Catholic Secondary School*

## Course Registration Form

Please return this sheet along with your cheque for the \$25 student activity fee.

### PERSONAL INFORMATION (Please print)

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INTIAL: \_\_\_\_\_

HOME ROOM TEACHER: \_\_\_\_\_

### COURSE REGISTRATION (Fill in the chart below using the information from the Flow Chart Poster)

#### COURSE TITLE

#### COURSE CODE

1	Religion	
2	English	
3		
4		
5		
6		
7		
8		
Alternates		
9		
10		

**\*\*Grade 12 students can have 1 spare per year\*\***

YOUR SIGNATURES CERTIFY THE FOLLOWING: I have read the flow chart poster and agree that my course selections abide by the prerequisites; ineligible courses will be deleted. If a course does not field an optimum number of students, I authorize the school to use my optional choices to generate an appropriate timetable for my secondary education. All information provided on this course registration form is true and correct and will generate my timetable of choice.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Peterborough Victoria  
Northumberland and Clarington  
Catholic District School Board

## CONSENT TO SHARE PERSONAL INFORMATION

Student: \_\_\_\_\_

OEN: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

School: St. Stephen's Secondary, 300 Scugog Street, Bowmanville, L1C 6Y8, Ph# (905) 623-3990, Fx# (905) 623-9991

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

I, \_\_\_\_\_, authorize St. Stephen Secondary and PVNC Board Office staff

to  Disclose and/or  Obtain Personal Information, concerning: \_\_\_\_\_  
(Print Name of Student)

To/From: St. Stephen/PVNCCDSB Board Office staff  
(Print Name of Person Sharing/Receiving Information: e.g., Physician, Agency staff)

Information to be shared: OSR Review  
(e.g., Educational, Psychological, Social Work, SLP, OSR Review)

I understand the purpose for sharing this Personal Information with the person noted above and that I can refuse to sign this consent form.

This consent is valid for one year following date of signature and may be withdrawn at any time by a written statement.

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent, Guardian or Adult Student

\_\_\_\_\_  
Date

This form was completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. The information is collected for education purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. This information will become part of the Ontario Student Record and Special Education Services file and opportunities will be provided to update this information annually. Any questions with respect to this information should be directed to the Principal of the School to which you are applying/registered. Users: Supervisory Officers, Principals, Teachers and Special Education Services Staff.