





## SECONDARY STUDENT REGISTRATION FORM

Parents/Guardians are asked to read and sign the consent form.

I support that my son's/daughter's registration at \_\_\_\_\_(name of school) is predicated upon my support for the values and philosophy of the Niagara Catholic District School Board, my support of the Policies and Guidelines of the Niagara Catholic District School Board, and my support of the Religious celebrations and activities in the school. All students are required to successfully complete a religious education credit course for each year of enrolment in high school from Grades 9 to 12, participate in Religious celebrations and activities, fulfill the requirements of the Ontario Catholic School Graduate Expectations and the Niagara Catholic District School Board, in order to fully participate in the faith based graduation ceremony.

I also give permission for my son/daughter to participate in co-curricular activities. If I withdraw this permission, a letter will be sent to the Principal.

I further understand that it is the recommendation of \_\_\_\_\_(name of school) and my responsibility, to enroll my son/daughter in the Student Accident Insurance Plan. If I choose not to purchase the insurance, I carry adequate insurance protection for my son/daughter.

I hereby grant permission for school officials, when necessary, to transport my son or daughter to school activities or to the hospital in the case of injury, when I cannot be reached.

I give permission for my son's/daughter's photograph to be used for publication. If the release of student name, photo, video image, audio record and/or accomplishments is not to be permitted for school, Board or media publications and/or Board/school website, I will notify the Principal in writing before the first day of school.

I consent to receive electronic/phone communications from the school/Board which may be for fundraising purposes.

Please contact the school Principal if there are any questions or concerns.

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date