



2025-26 EXISTING RVS STUDENT REGISTRATION FORM

STUDENT INFORMATION **Required - Proof of the child's age and legal name. Documents accepted are: birth certificate, adoption certificate, student authorization visa, Canadian citizenship papers, or permanent landed immigrant/residence documentation. Proof of child's address. Documents accepted are: utility bill, bill of sale or lease agreement. Please attach documents to this form. **Please Note:** Submission of this application does not guarantee acceptance at CCA. Your child will be waitlisted & you will be contacted when space becomes available.

LEGAL LAST NAME:	LEGAL FIRST NAME:	LEGAL MIDDLE NAME:
PREFERRED LAST NAME:	PREFERRED FIRST NAME:	
ADDRESS:	CITY:	POSTAL CODE:
HOME TELEPHONE:	BIRTH DATE: ____/____/____ MONTH DAY YEAR	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> ENTERING GRADE:

NAME OF LAST SCHOOL ATTENDED:	GRADE:
Has the student been assigned an Individual Program Plan (IPP) or Personal Learning Plan (PLP)? Yes <input type="checkbox"/> No <input type="checkbox"/>	

GUARDIANSHIP RIGHTS, CUSTODY OR ACCESS RIGHTS

GUARDIANS OF THE STUDENT MUST BE IDENTIFIED TO ENSURE THE RIGHTS OF EACH PARTY ARE RESPECTED. A CHILD MAY BE DESIGNATED AS "PROTECTED" IF A COURT HAS ISSUED AN ORDER UNDER THE CHILD WELFARE ACT, THE DOMESTIC RELATIONS ACT, THE DIVORCE ACT, THE PROTECTION AGAINST FAMILY VIOLENCE ACT, OR THE YOUNG OFFENDERS ACT, OR IS THE SUBJECT OF A CUSTODY OR ACCESS ORDER INCLUDING BUT NOT LIMITED TO PARENTING ORDER UNDER THE CHILD, YOUTH, AND FAMILY ENHANCEMENT ACT THAT IS A PREDECESSOR TO OR A SUBSTITUTE FOR ANY OF THE SAID ACTS. IF YOUR CHILD IS SUBJECT TO ANY SUCH ORDER OR AGREEMENT, PLEASE INDICATE BELOW AND DISCUSS THIS SITUATION WITH THE SCHOOL ADMINISTRATION. IF AN ORDER EXISTS AFFECTING GUARDIANSHIP RIGHTS OR CUSTODY OR ACCESS RIGHTS, A COPY OF THE ORDER OR AGREEMENT WILL BE REQUIRED FOR THE STUDENT'S RECORD.

DOES SUCH AN ORDER EXIST? Yes NO *IF YES, PLEASE ATTACH THE MOST CURRENT ORDER TO THIS REGISTRATION FORM.

BIOLOGICAL OR ADOPTIVE PARENT/LEGAL GUARDIAN INFORMATION			
CONTACT ONE BIOLOGICAL OR ADOPTIVE MOTHER <input type="checkbox"/> BIOLOGICAL OR ADOPTIVE FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> (CHECK ONE)		LIVES WITH STUDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:
CONTACT TWO BIOLOGICAL OR ADOPTIVE MOTHER <input type="checkbox"/> BIOLOGICAL OR ADOPTIVE FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> (CHECK ONE)		LIVES WITH STUDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LAST NAME:		FIRST NAME:	
HOME PHONE:	WORK PHONE:	CELL PHONE:	EMAIL ADDRESS:

NAME (PLEASE PRINT CLEARLY) _____	DATE: _____
SIGNATURE _____	