

## PRE-ADMISSION APPLICATION

## Monsignor John Pereyma Catholic Secondary School 316 Conant Street, Oshawa, Ontario Telephone (905) 432-8470 Fax (905) 432-3864 jpereyma.dcdsb.ca

PERSONAL INFORMATION - Please Print Clearly				
Student Name:		Gender: Religious Affiliation: M F	Religious Affiliation:	
Address:				
Home Phone Number: d.o.b.		Grade you are applying to:		
Circle with whom you live: Parents Guardian		Mother Father Self Other		
Name of Parent/Guardian #1:		Name of Parent/Guardian #2:		
Business No.:		Business No.:		
Cell Phone:		Cell Phone:		
Email address:		Email Address:		
Any student wishing to register at Monsignor John Pereyma Catholic Secondary School must complete an application online at <a href="www.dcdsb.ca">www.dcdsb.ca</a> , select the Online Student Application Box and submit the following documents to support your Pre-Admission Application package. An appointment to register will be scheduled after a school administrator has reviewed and approved the application.				
☐ Most Recent Report Card		☐ Status Report/Consolidated Summary		
☐ Proof of Residency (driver's license, utility bill)		☐ An up to date record of Community Service Hours		
☐ Birth Certificate		☐ Attendance Record		
☐ Custody Papers to support parental access		☐ Copy of IEP (if applicable)		
The Pre-Admission Application can be accessed at our school website through http://jpereyma.dcdsb.ca , Guidance Tab, Pre-Admission Application Link. You can also access the following information:				
STUDENT INFORMATION				
Please indicate the schools you have attended with School Name: Star	-	•		
School Name: Start Date:		Leaving Date: grades:		
School Name: Star	t Date: _	Leaving Date: grades:		
1. Have you been suspended from school during the past year?				

STUDENT: Please tell us in your own words why you would like to attend Monsignor John Pereyma Catholic Secondary School				
AUTHORIZATION				
I authorize Monsignor John Perey	yma Catholic Seconda	ary School to contact any previous Principal or Designate.		
Student Signature: Parent/Guardian Signature:				
THIS SECTION TO BE COMPLETED BY PRINCIPAL OR DESIGNATE AT CURRENT SCHOOL				
School Name:		Vice Principal/Designate:		
School Phone Number:		School Fax Number:		
1. Attendance: please √ one	Acceptable:	Not Acceptable:		
2. Behaviour:	Acceptable:	Not Acceptable:		
	Acceptable:	Not Acceptable:		
4. General Comments:	<b>r</b>			
Principal/Designate Signature:		Date:		
PROGRAMMING CONSIDERATIONS  (To be completed by the program support department where applicable. Please attach documentation.)  1. Is there an IEP in place? Yes No If yes, please comment:				
2. Is the student identified? (IPRC) Yes No Exceptionality:				
3. Is the student a Canadian Citizen? Yes No Country of Origin:				
Is the student considered ESL? (in Canada three years or less) Yes No Arrival date:				
4. Name of staff member to contact if any of the above applies:				