



**Grand Erie District School Board  
International Languages - MANDARIN  
(519) 753-6079**



**2023-2024 REGISTRATION FORM**

PLEASE COMPLETE, PRINT AND SEND TO: [carolyn.kelley@granderie.ca](mailto:carolyn.kelley@granderie.ca)

STUDENT INFORMATION											
Legal Last Name				Legal First Name				Middle Name		Male <input type="checkbox"/>	Other <input type="checkbox"/>
										Female <input type="checkbox"/>	
Apt#	Street Address					City/Town			Postal Code		
Date of Birth (Month/ Day/Year)				Country of Birth				Telephone (Cell and/or Home)			
Parent #1 Name					Parent #2 Name						
Student OEN #									Parent Email Address		
Current Elementary School				Grade in School			Date of Entry into Canada (Month/Day/Year)				

Students must be registered in a public-funded or private school in the province of Ontario. Students must be at least 4 years of age by December, 2023. Please check ( v ) below the type of class desired. These classes start in September and continue to the end of June. Note: Optional for Online classes only: may continue to end of July 2024.

<input type="checkbox"/> <b>In-Person</b> <b>Grades K to 3</b> Start: <b>Saturday, September 16, 2023</b> <b>9:00 to 11:30 am</b> <b>Grand Erie Learning Alternatives</b> <b>365 Rawdon Street, Brantford</b>	<input type="checkbox"/> <b>Online</b> <b>Student Email:</b> _____ <b>Grades 4 to 8</b> Start: <b>Sunday, September 17, 2023</b> <b>9:00 am to 11:30 am</b>
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EMERGENCY CONTACT and MEDICAL INFORMATION
Does student have a condition that could lead to anaphylactic shock? Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, please complete the next block.
Please provide any applicable medical information/documentation:
_____

**EMERGENCY CONTACT AND MEDICAL INFORMATION (Continued)**

EMERGENCY CONTACT (other than parent):	PHONE NO. CAN PICK UP STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I have obtained the consent of the person listed above to have their name and telephone number used for emergency purposes. The emergency contact name and number will not be used if “Yes” is NOT checked below.

Yes

**PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION**

**Media Consent:** I give permission for my child’s personal information (e.g., picture, video, name, school work) to appear on school websites, on the board’s social media outlets such as its YouTube channel, Facebook, Twitter account and in school-related stories in the newspaper, school or board brochures, student produced online newspapers and reports on websites. I understand that by consenting, my child’s photo, video, school work, and/or name could be used in a way that makes it accessible to the public.

Yes  No

**I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform Grand Erie Learning Alternatives (519-753-6079, #277012) immediately of any changes to the information contained in this form**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date