



## **2018 Application Package**

We are delighted that you have decided to apply to our school.  
Your family is welcome here!

The application package for our school consists of:

1. The Grove Community School **Parent/Guardian Contract**
2. The Toronto District School Board **Student Registration Form**
3. The Toronto District School Board **Optional Attendance Form** [please note: your current school principal must sign this form. Find your current school here: <http://www.tdsb.on.ca/Findyour/School/Byaddress.aspx>]

All three documents must be completed to apply to our school. These documents can also be downloaded from our website: <http://thegrovecommunityschool.ca/>

Your application must be returned to our main office by **4pm on Friday February 16<sup>th</sup>** to be entered into our admissions lottery. Our main office is located on the first floor next to the building entrance at 108 Gladstone Avenue. It is your responsibility to deliver the application to the school and to make sure all three documents are complete (including signatures). If an application is incomplete or if it is returned after our deadline, it will not be entered into our lottery. We will begin taking applications after our Open House on Wednesday February 7<sup>th</sup> at 6:30pm.

You will be notified by March 9<sup>th</sup> if your child has a spot at The Grove. Children who do not have a spot will be placed on the wait list and families will be contacted should a spot become available.

Questions about our application process can be directed to our Office Administrator, Sharon Nodello, at 416-393-9150 (morning only). Questions about parent council can be directed to our Parent Council Executive at [executive@thegrovecommunityschool.ca](mailto:executive@thegrovecommunityschool.ca).

Thank you,  
The Grove Community School Parent Council

# The Grove Community School - Parent/Guardian Contract

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Dear Parent/Guardian,

Family involvement is part of what makes The Grove a vibrant learning environment, and is crucial to the sustainability and success of our small alternative school. With your help, we can make a difference!

By signing this contract, prospective parents acknowledge the Grove's philosophy, mission, mandate, and unique pedagogy; and commit to supporting the Grove's philosophy and values of (i) Equity, diversity, and Social Justice, (ii) Ecological Sustainability and Environmental Justice, and (iii) Community Engagement and Activism as outlined in The Grove Community School Handbook (download from the "about us" section of our website, [thegrovecommunityschool.ca](http://thegrovecommunityschool.ca)).

This includes a commitment to contributing volunteer time each month.  
*[Please note: there are many different ways to volunteer and be engaged that can accommodate parents' varying circumstances and schedules.]*

This contract is intended to help prospective families clarify for themselves if the school will be a good fit for their family. This contract does not determine who is entered into the lottery, and there are no wrong answers.

After you have accepted a spot at The Grove for your child, the information that you provide in this contract will be shared with our Parent Council so they can help identify ways that your family may wish to contribute to the Grove community.

Sincerely,  
The Grove Community School Parent Council

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1. What is your child's/children's full name(s)? \_\_\_\_\_

2. Please tell us why you feel that The Grove is a good fit for your child(ren):

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3. Please share how you might volunteer your time as a community member:

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4. How did you hear about The Grove? \_\_\_\_\_

*Please check:*

- I/we have read, understood and support the philosophies outlined in **The Grove Community School Handbook** (available here: [thegrovecommunityschool.ca](http://thegrovecommunityschool.ca)).
- I/we support and agree to help uphold The Grove Community School's core values of: (i) Equity, Diversity, and Social Justice, (ii) Ecological Sustainability and Environmental Justice, and (iii) Community Engagement and Activism.
- I/we commit to volunteering time each month to support the school

Parent/Guardian 1:	_____	_____	_____
	Name (please print)	Signature	Date
Parent/Guardian 2:	_____	_____	_____
(if applicable)	Name (please print)	Signature	Date

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**Please note, this section is entirely optional:**

*As part of The Grove's ongoing efforts to honour our commitment to diversity, we are tracking applications from families of different backgrounds as part of a larger goal to increase representation of marginalized communities at the school; please let us know if your child identifies as:*

- A racialized child / child of colour
- First Nations, Métis or Inuit
- Gender independent

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*Thank you for your time!*



# STUDENT REGISTRATION FORM

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

School Name: \_\_\_\_\_

*(School in which the student is registering)*

Student OEN (Ontario Education Number): \_\_\_\_\_

Shaded Area for Office Use Only				
Trillium Student No.	Grade	Admit Date (yyyy/mm/dd)	Program	Homeroom
Admit Code				
<input type="checkbox"/> Beginner(JK/SK) <input type="checkbox"/> From Other School Board <input type="checkbox"/> From Province Outside Ontario <input type="checkbox"/> From this Board <input type="checkbox"/> Beginner/DayCare <input type="checkbox"/> From Outside Canada <input type="checkbox"/> From Private School in Ontario <input type="checkbox"/> Returning from <input type="checkbox"/> From Native Ed. Auth. School <input type="checkbox"/> From other country, born in Canada <input type="checkbox"/> Returning after non-attendance Exchange				
<input type="checkbox"/> Most recent Report Card			Verified by: _____	

(PLEASE PRINT)

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ (Legal Last)                    (Legal First)                    (Legal Middle)

Name: \_\_\_\_\_ (Preferred Last)                    (Preferred First)                    (Preferred Middle)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male  Female   
y   y   y   y      m   m      d   d

**STUDENT CONTACT INFORMATION (optional)**

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Note: Legal Name must be shown on legal document (i.e. birth certificate, passport, change of name order, adoption order, etc.) and will appear on all school Official Records*

**HOME ADDRESS:**                    *Proof of Residency Verification Document Shown 1) \_\_\_\_\_*  
*Note: Principal may require such additional verification documentation as he/she deems necessary to confirm residency. 2) \_\_\_\_\_*

Number \_\_\_\_\_ Street \_\_\_\_\_

Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                    Listed: Yes  No

*Fill in the section below ONLY if country of birth is other than Canada*

Verification Document: \_\_\_\_\_  
Yellow ESL Verification Form Complete: Yes  No

Birth Country \_\_\_\_\_ Country of Last Residence \_\_\_\_\_

Status in Canada \_\_\_\_\_ First Arrival Date in Canada \_\_\_\_\_ Expiry Date \_\_\_\_\_

**To be completed for ALL students:**

Country of Citizenship: \_\_\_\_\_ Province of Birth: \_\_\_\_\_  
(If born in Canada)

Languages Spoken (if other than English):

1) \_\_\_\_\_ First Language  Spoken at Home

2) \_\_\_\_\_ First Language  Spoken at Home

**EDUCATIONAL BACKGROUND**

**Has the student ever been registered at a school within the Toronto District School Board?** Yes  No

If **Yes**, provide the name of the school: \_\_\_\_\_ Last grade attended \_\_\_\_\_

If **No**, provide the name of the school most recently attended: \_\_\_\_\_

School Address \_\_\_\_\_ School Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ School Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ School E-mail: \_\_\_\_\_

Name of the School Board: \_\_\_\_\_

Has the student previously received Special Education Support? Yes  No

Type of program (if known): \_\_\_\_\_

Is the student **currently** under **suspension** from any school or board? Yes  No

Is the student **currently** under **expulsion** from any school or board? Yes  No

**FOR SECONDARY SCHOOL USE ONLY:**

<i>Proof of Literacy Test Result Received:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Transcript Attached:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>First Entered ONT Sec. Schools after Grade 9:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Cohort Year:</i>	_____ (school year)	

Previous Community Service Hours completed outside Toronto District School Board: \_\_\_\_\_ hours

Grade 10 Literacy Test successfully completed (Please provide proof of results) Yes  No

**MEDICAL INFORMATION**

<i>Proof of Immunization Record Shown</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Health Card No. \_\_\_\_\_ (Version No.) (optional but recommended)

**Medical Conditions:**  
 If your child has medical needs or conditions of which the school should be aware, please describe the condition(s) below:

\_\_\_\_\_ **Life Threatening** Yes  No

\_\_\_\_\_ Yes  No

**SIBLING INFORMATION:** (if the student has brothers or sisters in this school, please indicate)

Last Name	First Name
1) _____	_____
2) _____	_____

**ABORIGINAL STUDENT SELF-IDENTIFICATION:**  
 All parents/guardians of Aboriginal students, and students where they are 18 years of age or older, have the right to voluntarily self-identify. **Please check the most appropriate box to indicate Aboriginal Identity (if applicable). Please select one box only.**

First Nation Ancestry (Status or non-Status)  Aboriginal person from outside Canada

Metis Ancestry  Inuit Ancestry  Other (please specify): \_\_\_\_\_

**PARENTS OR LEGAL GUARDIAN INFORMATION ONLY**

If Parents are separated or divorced they must provide the school with information about the custody/access arrangements with respect to their child, as per the Ontario Student Record Guidelines.  
 Documentation Received: Yes  No  Not Applicable

*Contact priority should be based on whom to call in the case of an emergency and/or school closure  
 Note: If e-mail address is provided, the school **may** use it for contact purposes.*

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 (Please check all applicable boxes.) Male  Female   
 Legal documents (custody order) are required in order for us to process a change to our records.

**Relationship:**       Access to Child       Guardian       Lives with Student       Access to Records  
 Mother               No Access               Custody               Receives Mail               Speaks School Language  
 Father  
 Foster Parent  
 Legal Guardian              (Circle below, 1 = high, 4 = low)

For Emergency: Priority    1    2    3    4      For School Closure: Priority    1    2    3    4

Home No.    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Listed: Yes  No

Business No.    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_      Cell No.    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\* \_\_\_\_\_  
 Consent for emails for a commercial nature\*\* \_\_\_\_\_ (Initial) [if you do not consent, please leave blank]

**Home Mailing Address (complete if different from student)**

Number \_\_\_\_\_ Street \_\_\_\_\_  
 Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_  
 City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 (Please check all applicable boxes.) Male  Female   
 Legal documents (custody order) are required in order for us to process a change to our records.

**Relationship:**       Access to Child       Guardian       Lives with Student       Access to Records  
 Mother               No Access               Custody               Receives Mail               Speaks School Language  
 Father  
 Foster Parent  
 Legal Guardian              (Circle below, 1 = high, 4 = low)

For Emergency: Priority    1    2    3    4      For School Closure: Priority    1    2    3    4

Home Phone    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Listed: Yes  No

Business No.    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_      Cell No.    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address\* \_\_\_\_\_  
 Consent for emails for a commercial nature\*\* \_\_\_\_\_ (Initial) [if you do not consent, please leave blank]

**Home Mailing Address (complete if different from student)**

Number \_\_\_\_\_ Street \_\_\_\_\_  
 Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_  
 City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**If a parent/guardian cannot be contacted use the following emergency contact:**

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female  Relationship to student: \_\_\_\_\_

*(Circle below, 1 = high, 4 = low)*

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female  Relationship to student/comment: \_\_\_\_\_

*(Circle below, 1 = high, 4 = low)*

For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION: (if required for school)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Funding Purposes**

**Fees Required if: (Approved by TDSB Admissions Office)**

- Student is a non-resident pupil on a Study Permit.
- Student is a Visitor to Canada
- Fees are paid by the Government of Canada
- Fees are paid by a Native Education Authority

**If uncertain**, please consult or refer parent/guardian to the Toronto District School Board Admission Office, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, or call (416) 395-8120.

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

Date: \_\_\_ \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
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Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions about this collection should be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, Tel. (416)397-3288.

\*Email address will be used to provide information such as student progress and information nights.  
 \*\*Email address will also be used to provide information of a commercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. CASL prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Toronto District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.



# Optional Attendance Form

Application for an Elementary Program at a School Outside the Resident Area  
1 Civic Centre Court, 1st Floor, Fax: 416-394-4970  
Attention: Coordinator - Guidance, Career & Adolescent Development

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

<b>Name of Requested School:</b> <input type="text"/>	Requested Start Date: _____
	For Grade : _____
<b>Home or Sending School:</b> <input type="text"/>	Does a sibling presently attend the requested school?    Yes / No
	If Yes: Name of Sibling _____

**Parents please note: Transportation is not provided for Optional Attendance Students**

### Applicant's Information:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (DD/MM/YY)

Student's Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Present Grade/Class: \_\_\_\_\_ Student School I.D. Number: \_\_\_\_\_

Is the applicant under **Optional Attendance** at the present school? Yes / No

### Parent/Guardian Information:

Parent/Guardian's Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

### Child Care Information:

Will the child be attending Day Care?     Yes     No

Name of Day Care: \_\_\_\_\_ Telephone of Day Care: \_\_\_\_\_

Address of Day Care: \_\_\_\_\_

### Schools and Programs Applied for under Optional Attendance:

Specialized Programs/ Schools	Regular Programs/ Schools
1.	1.
2.	2.

Reasons for Applying/Other Considerations:

\_\_\_\_\_  
\_\_\_\_\_

Conditions on the reverse of this form have been read and agreed to:

Parent/Guardian **Signature:** \_\_\_\_\_

Current School Principal (or Designate) **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:** Requested School's Decision:     Accepted     Not Accepted

Signature of Requested School Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution:	1 copy: To Parent/Guardian when decision is made
	1 copy: To TDSB Home or Sending School



**Please Note the Following:**

- 1) Priority of placement in the requested school will be based on a lottery if applications exceed the space available at the requested school.
  
- 2) If admitted, a student is expected to continue at the requested school until graduation.

**IMPORTANT DATES FOR SCHOOL ADMISSION BEGINNING SEPTEMBER 2018**

- (a) Applications must be received by **Friday, 16 February 2018**.
- (b) A lottery, if necessary, will be held **to determine the successful applicants**.
- (c) Parents/guardians will be informed of acceptance or non-acceptance **no later than March 9, 2018**.
- (d) Parents/guardians must inform the requested school of their acceptance of the offer by **Friday, 23 March 2018**.

**Note:** It is the parent/guardian's responsibility to deliver this application to the school or schools of choice.

Notice of Collection

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act 1989, this is to advise you that the information you have provided is collected under the legal authority of the Education Act, R.S.O. 1980, Chapter 314, as amended, its regulations and memoranda, and Sections 117, 118 and 119 of the Municipality of Metropolitan Toronto Act, R.S.O. 1980, Chapter 314, as amended, and may be used as necessary in the normal operation of the Board of Education and its constituent parts. Information would be released only under proper authorization.