



24 Braesyde Avenue London, ON N5W 1V3
 T: 519.455.4360 E: office@ldcss.ca www.ldcss.ca

Personal Information Use Waiver

In consideration of the right to attend, and participate in the activities which are a part of enrolment at London District Christian Secondary School, the student (and, if the student is a minor, his or her parent(s) or legal guardian(s)) hereby grants to LDCSS:

- the right to use personal information regarding the student and his/her family for any purpose connected to the internal workings of the school. This information will initially be collected at registration on family and student profile forms, but will be updated as needed.
- the right to publish in a student directory the name of the student; parent(s)/guardian(s); addresses (mailing, home, e-mail); home phone/fax numbers; student grade level.
- the right to share the above information with other parents who have children enrolled at LDCSS
- the right to share the above information with school affiliated committees for the purpose of establishing transportation routes to LDCSS, assessing tuition, soliciting participation in fundraising activities.
- the right to share the above information with Christian post-secondary educational institutions
- for any purpose connected with promoting LDCSS, the right to use the student's name, voice, and likeness in any writings, photographs, films and recordings of the student while he or she is participating in school related activities at LDCSS and any biographical information submitted by the student to LDCSS and to use, reproduce, publish, and distribute the same.

Grade 9 Student Registration Form – 2012 - 2013 STUDENT INFORMATION

Name: _____
 Surname First Name Middle Name

Birth Date: Age: Gender: M F
 Year Month Day

Home Address: _____

City: _____ Postal Code: _____

Home Phone #: _____ Parent's e-mail address: _____

Previous School Attended: _____

Church You Attend: _____

PARENT INFORMATION:

Mother's Name: _____ Work # _____

Employer: _____

Father's Name: _____ Work # _____

Employer: _____

MEDICAL INFORMATION:

Student Health Insurance Number: _____

Doctor's Name: _____ Telephone #: _____

Student's Medical History: _____

Please report any medical concerns of which the school should be aware e.g. allergies, physical ailments, drug reactions, medications used regularly, Medic Alert bracelet, etc.

EMERGENCY CONTACT INFORMATION:

If parent(s) are unavailable, the school should contact the following person:

Person's Name: _____

Telephone Number _____ Relative _____ or _____

Date: _____

Name of Student: _____

Signature of Student: _____

If the student is a minor, the signature of his or her parent or legal guardian is required:

Name of Parent or Legal Guardian _____

Address _____

Telephone Number _____

Date _____

Signature of Parent or Legal Guardian of Student _____