

SHAS TI/KELLY ROAD SECONDARY SCHOOL

REGISTRATION PROCEDURE AND CHECKLIST

PARENT/GUARDIAN TO COMPLETE

Student Name _____

Parent/Guardian Name(s) _____

Entering Grade 8 9 10 11 12

Home #: _____ Cell #: _____ Date: _____

OFFICE USE ONLY

- | | |
|---|---|
| 1. Provide ST/KRSS School with the following documents | <input type="checkbox"/> Proof of Address |
| | <input type="checkbox"/> Copy of Birth Certificate |
| | <input type="checkbox"/> Report Card (most recent) |
| | <input type="checkbox"/> IEP (if applicable) |
| 2. Complete the following forms attached | <input type="checkbox"/> Registration |
| | <input type="checkbox"/> FOIPOP |
| | <input type="checkbox"/> School Bus (if applicable) |
| | <input type="checkbox"/> Course Selection Sheet |
| 3. Send student and/or parent home | <input type="checkbox"/> |
| 4. SASO to request release from previous school | <input type="checkbox"/> Released |
| 5. SASO to admit student to KRSS | <input type="checkbox"/> Admitted <input type="checkbox"/> Cross Enrolled |
| 6. Vice-Principal to contact parent/guardian & student with an appointment time | <input type="checkbox"/> Contacted |

Date & Time of Appointment

ADMINISTRATION USE ONLY

- | | |
|--|---|
| 1. Contacted previous school of student | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Suitable | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Assessment is necessary | <input type="checkbox"/> Yes <input type="checkbox"/> No (go to #4) |
| a. Assessment date & time _____ | |
| b. Recommendations from Assessment | |
| c. Other _____ | |
| _____ | |
| 4. Timetable built by Counsellor | <input type="checkbox"/> Built |
| 5. NOTES | |