

Chinguacousy Secondary School Student Questionnaire

SECTION A – STUDENT (TO COMPLETE THIS SECTION)

NAME: _____ **STUDENT NUMBER:** _____
(please print) (Peel # only)

ADDRESS: _____ **BIRTHDATE:** _____ / _____ / _____
Year Month Day

PARENT/GUARDIAN: _____ **TELEPHONE:** (H) _____
(B) _____

HAVE YOU EVER BEEN:

Suspended?..... No Yes If yes, please explain. No. of Suspensions 1 – 2
 more than 2

Length of Suspension(s) _____ When _____

Reason(s) _____

Expelled?..... No Yes If yes, please explain. _____

Denied access to a school?..... No Yes If yes, please explain. _____

Number of credits earned to date: _____ Transcript attached: Yes

Last School Attended: _____ Telephone: _____

Vice Principal's Name: _____

Counsellor's Name: _____

I understand, if any of the above questions are not truthfully answered, the registration process will end. Falsifying information on this form may result in your retirement from Chinguacousy Secondary School. Admission to Chinguacousy Secondary School is considered to be conditional pending receipt and review of the student's records from their previous school.

Student Signature: _____ **Date:** _____

SECTION B – OFFICE USE ONLY

Contact with previous School – Notes: _____

Administrator Signature: _____ **Date:** _____