



TORONTO COLLEGIATE INSTITUTE

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New Student Registration Form

PART A: STUDENT PERSONAL INFORMATION				PLEASE PRINT
Have you ever attended Toronto Collegiate Institute?		Yes / No	If yes, Year _____	TCI Student #: _____
Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address: Apt.#	Street #	Street Name:	City	Prov. Postal Code:
Home Telephone Number:	Cell Number:	Email Address:		
First Language:	Birthdate:(YYYY / MM / DD)	Student's Health Card #:	OUAC #: if applies	
Are you legally eligible to study in Canada?		Yes / No	▶ Please provide Document:	
Canadian Citizen	Permanent Resident	Others:		

PART B: STUDENT PRESENT/PREVIOUS SCHOOL INFORMATION				PLEASE PRINT
Current / Prev. Day School Name:	Address:	City	Province	Postal Code
School Telephone:	School Fax:	Ontario Education Number:(OEN)	Present Grade:	
Are you presently attending another school:	Yes / No	Are you planning to transfer to TCI fulltime?	Yes / No	
If not , Last attended date:		If Yes , please request us to initiate the OSR transfer.		
Have you ever suspended or expelled from this school?	Yes / No	Are you currently receiving any special education services?	Yes / No	
If yes, please explain the reason.		If Yes, please describe:		

PART C: COURSES TO BE ENROLLED @ TCI					PLEASE PRINT
No	Course Code	Course Name	New / Upgr	Semester/ Term	Time
1			new / Upgr	One / Two / Summer	Day / Eve / Wknd
2			new / Upgr	One / Two / Summer	Day / Eve / Wknd
3			new / Upgr	One / Two / Summer	Day / Eve / Wknd
4			new / Upgr	One / Two / Summer	Day / Eve / Wknd
5			new / Upgr	One / Two / Summer	Day / Eve / Wknd
Have you met the prerequisite requirements for the courses you enrolled?			Yes / No	▶ Provide Document	
Day School Approval ONLY IF Required:					
By signing, I approve the student to get the credit course(s) mentioned above at an Ontario Secondary Private School, and the credit will be accepted by our school toward the student's OSSD.					
Principal/Designate Name			Signature	Date:	

PART D: PARENT / GUARDIAN INFORMATION IF UNDER 18.					PLEASE PRINT
Last Name:	First Name:	Middle Name:	Gender: Male Female		
Home Address: <small>(if different than above)</small>	Street #	Street Name	City	Prov.	Posta Code
<i>If Guardian at different address, do you want this person to receive school mailings? Yes / No</i>					
Home Telephone Number	Biz/Cell Number		Email Address		
Birth Place:	Occupation:	Employer:			

PART E: EMERGENCY CONTACT INFORMATION			PLEASE PRINT
In case of an emergency at school, parents will be called first. If the school is unable to contact you, please list another person we can notify.			
Name:	Phone Number	Relationship to the Student	

Conditions of Registration

1. Fees must be paid in full prior to the first class by cash or cheque
2. Registrant may require to present evidence of admission requirements.
3. Student must have completed the prerequisites courses before starting the courses. Failure to do so may result not receiving the credit.
4. The school reserve the right to cancel courses before starting
5. Registration is not valid until we receive your prerequisites Document, Canadian Citizenship ID, Health Card, the registration fee, and student code of conduct is signed.
6. If proper documents or payment is not received on time, the student will be dropped out with out further notice to accomadate the seat to another student

Withdrawal, Payment & Refund

1. To withdraw, you must notify the Registrar's Office in writing or by filling out Subject Drop Form. A partial refund may be issued.
2. A full refund will only be issued for a withdrawal request made prior to the 2nd scheduled class, less a \$100 registration and administration fee.
3. Last day for withdrawal will be the prior to 2nd scheduled class after your midterm, and No refund will be issued after the midterm. It will still be recorded on your transcript with your latest mark.
4. The school has the right to suspend and/or remove the student from the class for any mis-appropriate behaviour that affects the learning environment without receiving a credit or refund.
5. Late payment fees of 5%/month will be charged for the unpaid balance

Declaration:

I certify that all of the information I have provided on this form is true and accurate to the best of my knowledge. I authorize the request of this student's records from the current / previous school, if applicable. I understand that falsification of any information or submission of misleading information will be cause for revoking the student's school assignment, that it is my responsibility to keep Toronto Colligate Institute informed of any changes, that failure to provide supporting documentation may delay the processing of this application, and the student may be excluded from school if immunizations are not current. I read, understand, and agree TCI School Policy and Code of Conduct. The information collected on this form is under the legal authorization of the Ministry of Education Act. The information is used for programming for students, the administrative, and statistical purposes of the school and/or Ministry and agencies of the Government of Ontario and the Government of Canada. For further information, please contact the Registrar. I have read the above statement and I hereby authorize the release of all records related to my registration, attendance, and academic progress to the aforementioned.

Student Signature

Signature of parent / guardian

Date

TCI Office Use Only:			
Notes:	Document Provided?	Semester	I / II / Summer
	Prerequisite? <input type="checkbox"/>	Dept.:	_____
	Citizenship? <input type="checkbox"/>		
	Health Card? <input type="checkbox"/>		
	TCI Policy? <input type="checkbox"/>		
	Fees Paid? <input type="checkbox"/>		
	OSR Transfer? <input type="checkbox"/>	Approved by Principal/Registrar	Date Registered
			# of subj: _____
			Plan: 1 / 2 / 4 payments
			Total Fees: _____
			Fees Paid: _____ Balance: _____

