

## MONSIGNOR PAUL DWYER CATHOLIC HIGH SCHOOL - pauldwyer.dcdsb.ca

## PRE-ADMISSION APPLICATION PACKAGE

Thank you for your interest in attending Monsignor Paul Dwyer Catholic High School. Students wishing to enroll at this school must complete the attached package prior to meeting with a School Administrator and Guidance Counsellor. If your child has not attended a school in the Durham Catholic District, please complete the online application at DCDSB.ca and select "Register My Child for School" in addition to the pre-admission application. The steps to complete this package are as follows:

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1.	Complete the attached Pre-Admission Application Package.					
2.	Obtain and attach copies of the following documents:					
		Current Official Student Transcript (Grades 9 - 12);				
		Status sheet or Cumulative History; (Grades 9 - 12);				
		Most recent Provincial Report Card;				
		Student's Individual Education Plan (IEP), if applicable;				
		Yearly Attendance Record				
		Proof of Residency (ie: Parent/Legal Guardian's utility bill or Home Purchase Agreement/Lease Agreement. Please note: driver's license is <i>no longer</i> accepted);				
		Student's Birth certificate, Ontario Health Card, Passport; Permanent Resident Card; or Landed Immigrant documents;				
		Immunization Records (if new to the Durham Region).				
3.	Students are requested to prepare a cover letter, addressed to the Principal. In your own words explain why you would like to attend Monsignor Paul Dwyer Catholic High School. Parents or legal guardians may also include a letter to explain in detail their child's wish to attend our school.					
4.	Se	nd or deliver all documents to the following address:				
		Monsignor Paul Dwyer Catholic High School Attn: Guidance Office 700 Stevenson Road North, Oshawa, ON L1J 5P5 Tel.: (905) 723-5255 Ext. 55010 Fax: (905) 723-1127				
5.	On	ce all materials have been received and reviewed, you will be contacted in order to:				
	> 9	schedule an interview with the Vice-Principal or Guidance Counsellor: - OR -				

- - > be informed that your application will not be accepted.

PLEASE NOTE: Registrations open in January. Due date for optimal course selection is March 1st. Application submissions received after March 1st will be subject to course availability.



## MONSIGNOR PAUL DWYER CATHOLIC HIGH SCHOOL

700 Stevenson Road North, Oshawa, Ontario L1J 5P5 Tel.: (905) 723-5255 Fax: (905) 723-1127

## PRE-ADMISSION APPLICATION PACKAGE

A. PERSONAL INFORMA	TION: Applyi	ng for:	English Stream 🗌	French Immersion			
Student Name: (Last)		(First)		(Middle)			
Address:			Apt. #	Home Phone Number:			
City:	Postal Code:						
Grade: Date of	Birth:		Age:	Religion:			
Student is living with:  Both Parents (same home)  Legal Guardian(s)  Self  Other:  Both Parents (different homes) – 2 <sup>nd</sup> Address:							
Parent/Guardian 1: Name:			Parent/Guardian 2:				
Relation to the Student:			Relation to the Student:				
Religion:			Religion:				
Cell Phone Number:			Cell Phone Number:				
Email Address:			Email Address:				
B. PREVIOUS SCHOOLS	ATTENDED (most r	ecent scl	hool first):				
Dates Attended	Name of School		Location (City, Province)	Reason for Leaving			
1) From							
То							
2) From To							
3) From To							
Have you been suspended in the past year? ☐ Yes ☐ No							
Have you been expelled from any school? ☐ Yes ☐ No							

C. REPORT FROM YOUR PREVIOUS SCHOOL (to be completed by the Vice-Principal):										
School Name:		Name of Vice-Principal:								
Phone Number:										
What were the dates of enrolment	from this student? From:		to							
Please comment on this student's record of:										
1. Attendance:	☐ Unacceptable									
2. Behavior: Acceptable	☐ Unacceptable									
3. Achievement:	☐ Unacceptable									
4. General Comments:										
Vice-Principal Signature:		Date: _								
D. PROGRAMMING CONSIDERATIONS:  (To be completed by Special Education/Academic Resource Teacher at current school)										
Is there an IEP in place for this stu	udent?	☐ Yes	☐ No							
Is this student identified? (IPRC)		☐ Yes	□ No							
Is this student an ISA claim?		☐ Yes	□ No							
Please check past services?  Child and Youth Counselling Social Worker Counselling Attendance Counselling Other	☐ English Languaç ☐ Psychological S	•	<ul><li>□ Speech and Language</li><li>□ Occupational Therapy</li></ul>							
Name of Resource Teacher:		Telephone:								
E. COURSES REQUESTED FOR THE CURRENT SCHOOL YEAR (To be completed by the student.)  1) 5) 2) 6) 3) 7) 4) 8)  F. WHY WOULD YOU LIKE TO ATTEND MONSIGNOR PAUL DWYER C.H.S.?										
To be completed by the student. Point form only										

G.	ACKNOWLEDGEMENT OF CAT	HOLIC EXPECTIONS AND SCHOOL I	POLICIES:			
	I authorize Monsignor Paul Dwyer Catholic High School to contact any previous Principal, Vice-Principal or Designate. I have read and agree with the information on this application form.					
Stu	dent Signature:	D	ate:			
Pa	ent/Guardian Signature:	D	ate:			
То	HOOL MISSION STATEMENT: be an inclusive Catholic learning communication.	ity that inspires every student to achieve their fo	ull potential through faith and			
Ву	IR VISION: fostering positive relationships with home, so irronment where every person is:  Safe and welcomed Accepted and valued Heard and engaged Supported and prepared	school, parish, and community, students and sta	off will learn and work in a Catholic			
	IR VALUES: Ive our faith by demonstrating values of l	love, hope, faith, charity, respect and reconcilia	tion.			
	,	dual. ning prayers in class.				
	b) Safe School Policy - Zero Tolerance for	according to the specifications laid out in the si r any violence. cohol, vapes or cigarettes on school property du				
Fo	r Office Use Only:					
V-F	Comments:					
	Student Approved for Registration Student Not Approved for Registration					
		Vice-Principal Signature	Date			