OVA
ONTARIO VIRTUAL ACADEMY

# STUDENT REGISTRATION FORM

## Student Information

Full Legal Name: _____
Date of Birth (YYYY-MM-DD): _____
Ontario Education Number (OEN): _____

## Contact Information

Student Email: _____
Student Home Phone Number (if applicable): _____
Home Address

Street Address: _____
City: _____
Province: _____
Postal Code: _____

## Parent/Guardian Information

Parent/guardian name: _____
Parent/guardian email: _____
Parent/guardian phone number: _____
Relationship: _____

## Current School Information

Current School Name: _____
School Board: _____
Grade Level Currently Enrolled In: _____
Are you currently enrolled in another school? ☐ Yes ☐ No
Have you previously completed Ontario secondary credits? ☐ Yes ☐ No

## Course Enrolment

Which course(s) are you requesting enrolment in: _____

What is your expected completion date? _____

**Reason for Enrolment**

☐ Credit recovery ☐ Upgrade marks ☐ Flexible/self-pace learning environment
☐ Summer school ☐ Other: _____

**ACADEMIC SUPPORT & LEARNING NEEDS**

Do you have an IEP or learning accommodations? ☐ Yes ☐ No ☐ Prefer not to disclose

If yes, please describe accommodations needed:

_____

_____

Any additional support required (ELL, ESL, etc.):

_____

_____

**TECHNOLOGY ACCESS**

| | |
|---|---|
| Do you have reliable internet access? | ☐ Yes ☐ No |
| Do you have access to a computer/laptop? | ☐ Yes ☐ No |
| Preferred device used for learning: | ☐ Laptop ☐ Desktop ☐ Tablet |

**CONSENT & AGREEMENTS**

**Please read and acknowledge below:**

☐ I confirm that all information provided is accurate and complete.
☐ I understand this school is a private institution, will operate independently of public school boards and is pending inspection from the Ministry of Education and therefore cannot grant credits towards the OSSD.
☐ I agree to abide by all academic integrity, attendance, and technology use policies.
☐ I understand that my work will be stored digitally for assessment and record-keeping purposes.
☐ I consent to the collection and use of my educational records for academic evaluation and OSR purposes.
☐ I understand tuition/refund policies (as outlined in the school course calendar document).

I confirm that the information provided above is accurate.

**Student Signature:** _____
**Date:** _____

**Parent/Guardian Signature (if under 18):** _____
**Date:** _____