



# Student Registration Form

| Office Use Only         |                   |
|-------------------------|-------------------|
| School:                 | OEN:              |
| Student Number:         | Grade:            |
| Ministry Number:        | Homeroom:         |
| Track:                  | Program:          |
| International Language: | Register:         |
| Admit Date:             | Admit Code:       |
| Pupil of the Board:     | Age Verification: |
| Funding Source:         |                   |
| OSR Status: Requested   | Received          |
|                         | Date:             |

Legal Name: \_\_\_\_\_ Gender: Male:  Female:

Surname                      First Name                      Middle Name

Preferred Name: \_\_\_\_\_

Surname                      First Name                      Middle Name                      Date of Birth: YYYY MMM DD

Program: French Immersion    Regular (English)

Siblings in This School: \_\_\_\_\_

Aboriginal self-identification is completely voluntary and does not require proof. Parents/guardians and students 18 years of age and older are entitled to remove the identification at any time upon written request. **Aboriginal ID:**  First Nation     Inuit     Métis

Home Address: \_\_\_\_\_

Number/Street                      Unit #                      City/Township                      Postal Code

Additional Info/  
Residence Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Number/Street                      Unit #                      City/Township                      Postal Code

Additional Info/  
Residence Location: \_\_\_\_\_

Post Office Box: \_\_\_\_\_ 911 (Civic) Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Listed  Unlisted

Country of Birth: \_\_\_\_\_ Canadian Province of Birth: \_\_\_\_\_

Country Of Citizenship: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

Status In Canada: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Language(s) Spoken at Home: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Street                      City                      Province/State                      Country

Previous Board Attended: \_\_\_\_\_

Language of Instruction: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Last Grade Attended: \_\_\_\_\_ Reason for Transfer: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ (optional) Version: \_\_\_\_\_ Immunization Record Provided: Yes  No

Medical Peril (Life Threatening): Yes  No

Child Carries EpiPen: Yes  No

Medical Alert Information/Disability/Allergies: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Special Learning Needs: Identification through IPRC: Yes  No

Student has an IEP: Yes  No

Did Not Complete Grade 9 in Ontario: Yes  No

**Parent/Guardian or CAS Agency Information:**

Student Name: \_\_\_\_\_

 In care of CAS: (Note: if this is checked enter CAS Agency below)Parent/Guardian Name or CAS Agency: \_\_\_\_\_ Male:  Female: 

First &amp; Last Name OR CAS Agency

Relationship to Student: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Emergency Contact Priority: 1  2  3 School Closure Contact Priority: 1  2  3 

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Guardian: Custody: Lives with Student: Access to Records: Speaks School Language: Receives Mail: 

Address if Different from Student: \_\_\_\_\_

Number/Street

Unit #

City/Township

Postal Code

Name: \_\_\_\_\_ Male:  Female: 

Mr./Mrs.

First Name

Surname

Relationship to Student: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Emergency Contact Priority: 1  2  3 School Closure Contact Priority: 1  2  3 

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Guardian: Custody: Lives with Student: Access to Records: Speaks School Language: Receives Mail: 

Address if Different from Student: \_\_\_\_\_

Number/Street

Unit #

City/Township

Postal Code

**Emergency Contact Information:**Name: \_\_\_\_\_ Male:  Female: 

Mr./Mrs.

First Name

Surname

Relationship to Student: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Emergency Contact Priority: 1  2  Other: \_\_\_\_\_School Closure Contact Priority: 1  2  Other: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Male:  Female: 

Mr./Mrs.

First Name

Surname

Relationship to Student: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Emergency Contact Priority: 1  2  Other: \_\_\_\_\_School Closure Contact Priority: 1  2  Other: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The personal information on this form is being collected under the authority of the Education Act, R.S.O. as amended and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. This information will be used for the purpose of establishing a student record and for necessary statistical purposes. Opportunities will be provided to update this information annually.

Ontario Law states that the Health Unit must know your child's immunization status. The Ontario Health Card number is being requested to facilitate in the event of a medical emergency.

Any questions with respect to this information should be directed to the Principal of the school in which the student is applying/registered.

I certify that the information provided on this form is accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_