



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: _____ Date of Birth: YYYY MMM DD

Surname First Name Middle Name

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

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 Name / CAS Agency _____ 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 _____

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: _____

COMPULSORY COURSES: Please select ONE course from each subject area.

COURSE	ACADEMIC	APPLIED	LOCALLY DEVELOPED
Math	<input type="checkbox"/> MPM1D0	<input type="checkbox"/> MFM1P0	<input type="checkbox"/> MAT1L
Science	<input type="checkbox"/> SNC1D0	<input type="checkbox"/> SNC1P0	<input type="checkbox"/> SNC1L
English	<input type="checkbox"/> ENG1D0	<input type="checkbox"/> ENG1P0	<input type="checkbox"/> ENG1L
Geography	<input type="checkbox"/> CGC1D0	<input type="checkbox"/> CGC1P0	<input type="checkbox"/> CGC1PL
French	<input type="checkbox"/> FSF1D0	<input type="checkbox"/> FSF1P0	
Healthy Active Living (Open Level) PPL10	<input type="checkbox"/> B (Boy's)	<input type="checkbox"/> G (Girl's)	

ELECTIVE COURSES: Please select TWO elective courses: ONE from column A, and ONE from column B

Column A – Arts & Native Studies	Column B – Business & Technology
<input type="checkbox"/> Drama (ADA100)	<input type="checkbox"/> Computer Applications (BTT100)
<input type="checkbox"/> Instrumental Music (AMU100)	<input type="checkbox"/> Exploring Technology, Communication Technology (TIJ1OW)
<input type="checkbox"/> Guitar (AMG100)	<input type="checkbox"/> Exploring Technology, Construction Technology (TIJ1O0)
<input type="checkbox"/> Visual Arts (AVI100)	<input type="checkbox"/> Exploring Technology, Culinary Arts (TIJ1OU)
<input type="checkbox"/> Expressing Aboriginal Cultures through the Arts (NAC100)	<input type="checkbox"/> Exploring Technology, Technological Design (TIJ1OJ)

LIMESTONE DISTRICT SCHOOL BOARD FREEDOM OF INFORMATION & CONSENT FORM FOR SECONDARY STUDENTS

Over the course of the school year and as part of our mandate to educate students, the Limestone District School Board, under the authority of the *Education Act*, as amended, collects personal information about each student from both the student and his/her parent(s)/guardian(s). The Board is very proud of our students and their achievements; however, in order for us to release personal information about student achievement and for other administrative purposes, your consent is required to comply with the provisions of the *Municipal Freedom of Information & Protection of Privacy Act*. As such, please review the following indicating your consent or not, to the release of personal information and/or the participation of your child in school activities/events and return to the completed form to the classroom teacher.

DO YOU CONSENT TO:	YES	NO
1. The school's release of student work identified by name, such as photographs, artwork, writing or other school work to the media to report on or publicize school events involving your child.	<input type="checkbox"/>	<input type="checkbox"/>
2. Your child's name, photograph, videotape image and activities being copied, used or displayed in: a. Schools b. Board public displays and publications such as newsletters, yearbooks, and school/Board websites	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Your child's name and telephone number being included in the school's telephone calling system for emergency situations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Your name and telephone number being given out for education-related purposes such as parent advisory committee coordination and activities?	<input type="checkbox"/>	<input type="checkbox"/>
5. Your child's name and home address being released as a secondary school graduate to the area's Member of Parliament (M.P.) or Member of the Legislative Assembly (M.L.A.)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Your child's participation in teacher-supervised trips to local places of interest, such as libraries, museums and art galleries to support regular classroom programs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Your child participating in intramural activities or clubs at the school during lunch that may involve some inherent risk, such as volleyball, soccer, floor hockey, chess club, art club, choir, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
8. I GIVE permission to have my child's name/photograph used on social media accounts (for example, school/Board websites/Twitter and Facebook)	<input type="checkbox"/>	<input type="checkbox"/>
9. I give permission for the School to send newsletters to my email inbox. I understand that some of these newsletters may contain information of a commercial nature, such as fund raising, lunch programs, or picture day.	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Parent/Guardian Signature (For Freedom of Information and Registration form)	<hr/> Date	