



# Student Registration Form

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

Legal Name: \_\_\_\_\_ Gender: Male:  Female:   
 Surname First Name Middle Name Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_  
 Surname First Name Middle Name YYYY MMM DD

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

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 Number: \_\_\_\_\_

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

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

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

Status In Canada: \_\_\_\_\_ First Language: \_\_\_\_\_

Main Language at Home: \_\_\_\_\_ 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: \_\_\_\_\_ Version: \_\_\_\_\_ Immunization Record Provided: Yes  No   
 Medical Peril: Yes  No

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

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

Student Identification Through IPRC: Yes  No  Student has an IEP: Yes  No

Bus Transportation Required: Yes  No

Pick Up Route: \_\_\_\_\_ Stop: \_\_\_\_\_ Time: \_\_\_\_\_

Transportation Company: \_\_\_\_\_

Drop Off Route: \_\_\_\_\_ Stop: \_\_\_\_\_ Time: \_\_\_\_\_

Transportation Company: \_\_\_\_\_

**Parent/Guardian Information:**

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

Name: _____		Male: <input type="checkbox"/>		Female: <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____	Place of Employment:	_____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Home Phone Number:	_____	Business Phone Number:	_____	Ext: _____	
Cell Phone Number:	_____	E-mail Address:	_____		
Guardian:	<input type="checkbox"/>	Custody:	<input type="checkbox"/>	Lives with Student:	<input type="checkbox"/>
Access to Records:	<input type="checkbox"/>	Speaks School Language:	<input type="checkbox"/>	Receives Mail:	<input type="checkbox"/>
Address if Different from Student:	_____				
	Number/Street	Unit #	City/Township	Postal Code	

  

Name: _____		Male: <input type="checkbox"/>		Female: <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____	Place of Employment:	_____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Home Phone Number:	_____	Business Phone Number:	_____	Ext: _____	
Cell Phone Number:	_____	E-mail Address:	_____		
Guardian:	<input type="checkbox"/>	Custody:	<input type="checkbox"/>	Lives with Student:	<input type="checkbox"/>
Access to Records:	<input type="checkbox"/>	Speaks School Language:	<input type="checkbox"/>	Receives Mail:	<input type="checkbox"/>
Address if Different from Student:	_____				
	Number/Street	Unit #	City/Township	Postal Code	

**Emergency Contact Information:**

Name: _____		Male: <input type="checkbox"/>		Female: <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____	Place of Employment:	_____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___		
Home Phone Number:	_____	Business Phone Number:	_____	Ext: _____	
Cell Phone Number:	_____	E-mail Address:	_____		

  

Name: _____		Male: <input type="checkbox"/>		Female: <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____	Place of Employment:	_____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___		
Home Phone Number:	_____	Business Phone Number:	_____	Ext: _____	
Cell Phone Number:	_____	E-mail Address:	_____		

This information is collected pursuant to the School Board's responsibilities as set out in the Education Act and its regulations.

This information is collected for educational purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989.

This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually.

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: \_\_\_\_\_