

STUDENT REGISTRATION FORM

	Grade:	Pupil No.	<i>For Office Use</i>
STUDENT NAME	<hr/>		<input type="checkbox"/> French Immersion
	OEN		
School Name	<hr/>		<input type="checkbox"/> Core French
	Hrm/Teacher		

STUDENT INFORMATION

Legal Last Name

Legal First Name

Usual Last Name

Preferred First Name

Middle Name

 Third Initial

Birth Date (mm/dd/yyyy)

Proof of Age

Student Primary Phone No.

Sex (as it appears on birth certificate): (M) (F)

Gender Self-Identification:

PROPERTY ADDRESS-CIVIC ADDRESS (911)

Street

Apt. #

 Lot #

 Concession #

Municipality

State/Prov.

 Postal Code

MAILING ADDRESS (if different from property address)

EXAMPLE: BOX 102 - 17423 County Rd. 2 St. Andrews West, ON K0C 2A0

ALTERNATE ADDRESSES (For Transportation— i.e. Caregiver & Custody)

	Street # and Name	Apt.	Municipality	Contact Name	Contact Phone
1.	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
2.	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

PREVIOUS SCHOOL DISTRICT

Previous Sch. Language

Previous School

Address

ADMISSION INFORMATION (School to Complete) *For Office Use*

Reason

Start Date (mm/yyyy)

Current Grade

X-Boundary (Y) (N)

School

IMMIGRATION/CITIZENSHIP

Country of Birth

Province of Birth (if born in Canada)

Citizen of

Language First Spoken

Language at Home

Entry into Canada (mm/yyyy)

Visa Expiration Date

Tuition Type

Immigration Status:

Student Visa Other Visa Permanent Resident

Canadian Citizen Native Ancestry Refugee Status

STUDENT REGISTRATION FORM

For Office Use

STUDENT NAME _____

PARENT/GUARDIAN

Custody

Living With

Court Order Provided (Y) (N)

1. Relationship

Last Name _____

First Name _____

Living With Student (Y) (N)

Address _____

Copy of School Correspondence (Y) (N)

Work/Employment _____

Work Phone No. (ext.) _____

Available at Work _____

Home Phone No. _____

Cellular Phone No. _____

Email Address _____

Emergency Contact (Y) (N)

My Family Room (Y) (N)

2. Relationship

Last Name _____

First Name _____

Living With Student (Y) (N)

Address _____

Copy of School Correspondence (Y) (N)

Work/Employment _____

Work Phone No. (ext.) _____

Available at Work _____

Home Phone No. _____

Cellular Phone No. _____

Email Address _____

Emergency Contact (Y) (N)

My Family Room (Y) (N)

Register for a *My Family Room* account to receive immediate notification of bus cancellations, student absences or emergencies, report your child's absences online, access your child's school calendar, and much more. Visit myfamilyroom.ca to register, and download the mobile app!

OTHER EMERGENCY CONTACTS (Other than Parents)

1. Last Name

First Name _____

Relationship _____

Address _____

Home Phone No. _____

Work Place _____

Work Phone _____

Cellular Phone _____

Allow to Pick Up (Y) (N)

2. Last Name

First Name _____

Relationship _____

Address _____

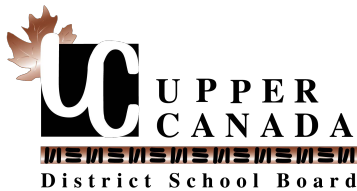
Home Phone No. _____

Work Place _____

Work Phone _____

Cellular Phone _____

Allow to Pick Up (Y) (N)



Welcome to the Upper Canada District School Board

225 Central Avenue West, Brockville, ON K6V 5X1
Tel: (613) 342-0371 or 1-(800) 267-7131
ucdsb.on.ca



STUDENT REGISTRATION FORM

For Office Use

STUDENT NAME

MEDICAL (i.e. Allergies, Autism, Asthma, Diabetes, Epilepsy, EpiPen, medication required, etc)

Allergies

Life Threatening? (Y/N) Details

Non-Life Threatening Medical Details/Conditions

Accessibility Needs (Y/N)

Is there any other information we need to be aware of (i.e. social or emotional challenges)?

SIBLINGS

Table with 4 columns for sibling information: Pupil No. (if known), Name, Relationship, Sex, Date of Birth, School. Columns are numbered 1 through 4.

First Nation/Métis/Inuit
Voluntary Self-Identification

Notice to Parents/Guardians

Personal information is collected at registration under the authority of the Education Act and will be used for planning and programming, home and school communications and to establish the Ontario Student Record. If you have questions about our collection or use of personal information, contact your school Principal or the Information and Records Management Specialist at 225 Central Avenue, West, Brockville, ON K6V 5X1; 613-342-0371, ext. 1396.

I hereby certify that the above information contained on this form is accurate. I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible.

I certify that I have been informed that an Ontario Student Record is on file at the school and that I have access to the information therein.

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, lunch programs, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets and athletic events where a financial transaction is required.

Do you consent to receive electronic messages of this nature? YES NO

SIGNED (Parent/Guardian) PRINT (Parent/Guardian Name) DATE
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