

STUDENT REGISTRATION FORM

For Office Use

Grade: _____ Pupil No. _____ OEN _____

STUDENT NAME _____ French Immersion

School Name _____ 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: _____

PREVIOUS SCHOOL DISTRICT

Previous Sch. Language _____

Previous School _____

Address _____

For Office Use

ADMISSION INFORMATION (School to Complete)

Reason _____

Start Date (mm/yyyy) _____

Current Grade _____

X-Boundary (Y) (N)

School _____

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

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

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

| | Street # and Name | Apt. | Municipality | Contact Name | Contact Phone |
|----|-------------------|------|--------------|--------------|---------------|
| 1. | | | | | |
| 2. | | | | | |

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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)

(NEW) 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)

(NEW) 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. _____

Email Address _____

Work Place _____

Work Phone _____

Cellular Phone _____

Allow to Pick Up (Y) (N)

2. Last Name

First Name _____

Relationship _____

Address _____

Home Phone No. _____

Email Address _____

Work Place _____

Work Phone _____

Cellular Phone _____

Allow to Pick Up (Y) (N)

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MEDICAL (i.e. Allergies, Autism, Asthma, Diabetes, 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

| Pupil No. (if known) | 1. | 2. | 3. | 4. |
|----------------------|-------|-------|-------|-------|
| Name | _____ | _____ | _____ | _____ |
| Relationship | _____ | _____ | _____ | _____ |
| Sex | _____ | _____ | _____ | _____ |
| Date of Birth | _____ | _____ | _____ | _____ |
| School | _____ | _____ | _____ | _____ |

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.

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

SIGNED (Parent/Guardian)

PRINT (Parent/Guardian Name)

DATE

Note: The 'Required Documentation' form MUST be signed and attached to this Registration Form then filed in the OSR and remains until 5 years post retirement. If the student leaves UCDSB, it is removed before the OSR is sent. ONLY the proof of birth document is to be copied and retained until the OEN verification takes place, after which it must be DESTROYED. NO OTHER identity documents are to be copied and filed.