



**NOTE: OFFICIAL DOCUMENTATION WILL BE
REQUIRED TO VERIFY INFORMATION PROVIDED.**

STUDENT REGISTRATION FORM			School Name		Date
SCHOOL USE ONLY	Homeroom	HR Teacher	Tuition Paid By		Family Courier Y N

<u>STUDENT INFORMATION</u>			<u>PROPERTY ADDRESS</u>			Verified <input type="checkbox"/>	Initial
Legal Last Name			Street #	Street Name			
Legal First Name			Apt. #	Township			
Preferred Last Name			Province ON	Postal Code			
Preferred First Name			MAILING ADDRESS				
Middle Name			Same as Property Address	Y N	Complete if different		
Third Initial	Gender	M F	Street #	Street Name			
Birth Date DD/MM/YYYY	Verified Source	Initial	Apt. #	P/O Box	R.R.#		
Home Phone #		Grade Entering	City		Postal Code		

<u>IMMIGRATION INFORMATION</u>						
Country of Birth		Citizen of		Entry Date into Canada		Expiration Date
First Language		Language at Home		Verified Source:		Initial
Citizenship	Canadian Citizen <input type="checkbox"/>	Permanent Res. Landed Immigrant <input type="checkbox"/>	Work or Study Permit – Parent <input type="checkbox"/>	Refugee <input type="checkbox"/>	Exchange <input type="checkbox"/>	Other(Specify) (i.e. International Student)

<u>PREVIOUS SCHOOL INFORMATION</u>						
Name of Last School Attended				Last Date of Attendance		
School Address				Phone Number		
Is this a Simcoe County School?	Y N	If No, please fill in a School Immunization History Form		Type of School	Elementary <input type="checkbox"/>	Secondary <input type="checkbox"/>
				Private <input type="checkbox"/>	Other <input type="checkbox"/>	
If No, has this student previously attended a Simcoe County School?	Y N	If yes, Name of School:	Year Attended	Was student's name the same as above? If not specify:		
Is Student Currently on Suspension or Expulsion?	Y N	Does student have an IEP?	Y N	FOR SECONDARY STUDENTS ONLY		
				Successfully completed the Ontario Secondary Literacy Test?	Y N	Number of Completed Community Service Hours

<u>PARENT/GUARDIAN INFORMATION</u>							
Is there a legal document that sets out custody and access to the student?				Y N	Is there any other information that the school needs to ensure the safety and security of your child?		
						Y N	
Custody	Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Joint <input type="checkbox"/>	Other	Verified Source	Initial
1 Relationship		Lives with Student Y N		2 Relationship		Lives with Student Y N	
Last Name		First Name		Last Name		First Name	
Same Address as Student Y N		If No, complete address below		Same Address as Student Y N		If No, complete address below	
Street #		Street Name		Street#		Street Name	
Apt#		City		Apt#		City	
Province		Postal Code		Province		Postal Code	
Home Phone		Bus. Phone		Home Phone		Bus. Phone	
		Ext.				Ext.	
Cell Phone		E-mail		Cell Phone		E-mail	
Work/Employment		Available at Work Y N		Work/Employment		Available at Work Y N	

<u>STUDENT NAME</u> _____				<u>PARENT/GUARDIAN INFORMATION - Continued</u>			
3. Relationship		Lives with Student Y N		4. Relationship		Lives with Student Y N	
Last Name		First Name		Last Name		First Name	
Same Address as Student		Y N If No, complete address below		Same Address as Student		Y N If No, complete address below	
Street #		Street Name		Street#		Street Name	
Apt#		City		Apt#		City	
Province		Postal Code		Province		Postal Code	
Home Phone		Bus. Phone		Ext.		Home Phone	
Bus. Phone		Ext.		Home Phone		Bus. Phone	
Ext.		Home Phone		Bus. Phone		Ext.	
Cell Phone		E-mail		Cell Phone		E-mail	
Work/Employment		Available at Work Y N		Work/Employment		Available at Work Y N	

<u>EMERGENCY CONTACTS (OTHER THAN PARENTS)</u>							
Last Name		First Name		Last Name		First Name	
Home Phone		Bus. Phone		Ext.		Home Phone	
Bus. Phone		Ext.		Home Phone		Bus. Phone	
Ext.		Home Phone		Bus. Phone		Ext.	
Cell Phone		Relationship		Cell Phone		Relationship	
Authorized to Collect Child from School?		Y N		Authorized to Collect Child from School?		Y N	

<u>SIBLINGS (Who are currently registered in a SCDSB school)</u>				
1. Name:	2. Name		3. Name	4. Name
Relationship	Relationship		Relationship	Relationship
Grade	Grade		Grade	Grade
School	School		School	School

<u>MEDICAL (Complete Medical Emergency Plan and Administrative Procedures, if required)</u>		
Allergies & Health Concerns:		Is this a Life Threatening Condition? Y N
Medication and Emergency Procedures		

<u>ABORIGINAL SELF-IDENTIFICATION – VOLUNTARY</u>								
I consider my child to be of Aboriginal ancestry:	Y N	Aboriginal Ancestry Type			First Nation Status	First Nation Non-Status	Métis	Inuit
First Language	Ojibwe	Cree	Oji-Cree	Mohawk	Michif	Inuktitut	English	Other (Specify)
Personal Information is collected pursuant to the Simcoe County District School Board Policy 4195, Volunteer, Confidential Self-Identification of Aboriginal Students in accordance with the Ministry of Education First Nation, Métis and Inuit Education Policy and the <i>Municipal Freedom of Information and Protection of Privacy Act</i> . Information collected shall be included in the Ontario Student Record (OSR) and shall be used for the provision of educational services for students in accordance with the policy. Questions regarding this policy may be referred to the Principal of the school.								

<u>ATHLETIC ELIGIBILITY - SECONDARY ONLY</u>
Athletic Eligibility at this school may be restricted under certain circumstances for the next 12 months if the student is transferring from another Ontario high school. If the student wishes to be involved in athletics at the new school, please inquire about O.F.S.A.A. transfer policy.

I certify that the information that I have provided on this form is accurate and current to the best of my knowledge. I understand that copies of Custody documentation, if applicable, will be included in the OSR.			
Parent/Guardian/ Adult Student	Please Print	Signature	Date

Personal information collected on this form will be used to establish the Ontario Student Record (OSR), support the provision of educational services and to administer health and first aid services and/or medical emergency response to students as required. Information is collected under the authority of the s.170, s.190, s.264 and/or s.265 of the Education Act and *Sabrina's Law* in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Please refer to the Student Information Practices statement available on the Simcoe County District School Board web site for further information at www.scdsb.on.ca. Questions regarding information collected on this form should be directed to the school principal.