



DSBN STUDENT REGISTRATION FORM (rev. August 2023)

School Name: _____ Date: _____

FOR OFFICE USE ONLY OEN: _____

Start Date _____ Homeroom _____ Grade _____ Multi-language Learner

Home School _____ Locker Number _____ Combination _____

STUDENT INFORMATION

Legal First Name _____ Legal Middle Name _____ Legal Last Name _____

Chosen First Name _____ Chosen Middle Name _____ Chosen Last Name _____

Gender: Male Female Prefer not to disclose Prefer to Specify - Specify gender: _____

Date of Birth _____ / _____ / _____ Age Verification: Birth Certificate Passport Baptismal Record Other: _____
(month/day/year) (After document is reviewed to verify age, return to guardian. NOTE: Do not retain a copy of the document.)

Family Primary Phone Number _____ Cell _____ Landline _____

Family Primary Email Address _____

LANGUAGES	PREVIOUS SCHOOL Last date attended: _____
First Language spoken _____	School Name: _____
Home language _____	School Board: _____
Second home language _____	City: _____ Phone: _____
	Email (if known): _____

PRIMARY PHYSICAL ADDRESS

Proof of Address: utility bill property tax bill rental agreement other _____
(After document is reviewed to verify physical address, return to guardian. NOTE: Do not retain a copy of the document.)

Number _____ Street _____ Unit No. _____ City/Town _____

Postal Code _____ Is the student's mailing address the same as the physical address? yes no

If no, indicate student's full mailing address: _____

TRANSPORTATION PICK-UP/DROP-OFF ADDRESSES *If applicable

If this student qualifies for transportation and will be with a childcare provider on a consistent basis, please complete the following information.

Pick Up Address (before school)

Number _____ Street _____ Unit No. _____ City/Town _____

Postal Code _____ Name and phone number of contact at this address _____

Drop off Address (after school)

Number _____ Street _____ Unit No. _____ City/Town _____

Postal Code _____ Name and phone number of contact at this address _____

CITIZENSHIP

Status in Canada: Canadian Citizen Permanent Resident (school may register without contacting the Welcome Centre provided copies of documents are forwarded for acquired Canadian citizenship and permanent residency)

Status in Canada document review:

Birth Certificate Passport Permanent Resident Card Permanent Resident Confirmation Letter Citizenship card

Parental Work Permit Parental Study Permit Refugee Claimant Convention Refugee Study Permit Other _____

Welcome Centre has forwarded Pupil Eligibility Verification Form yes no (If no, Welcome Centre must be contacted)

Birth Country: _____

If Canada, birth province: _____

Country of last residence: _____

Country of citizenship: _____

Arrival Date (into Canada) _____

Arrival Date in Ontario _____

Status in Canada Expiry Date _____

FIRST NATIONS, METIS, OR INUIT ANCESTRY – VOLUNTARY AND CONFIDENTIAL SELF-IDENTIFICATION

First Nations (*living on or off reserve*)

Métis

Inuit

MEDICAL INFORMATION

Medical Emergencies - Anaphylaxis? Asthma? Diabetes? Epilepsy? **If YES, ADDITIONAL FORMS MUST BE FILLED OUT AT THE SCHOOL.**

Please indicate: Serious medical alerts, chronic illnesses, allergies, and treatments prescribed

CONSENT TO DISCLOSE

In order for the school to release personal information, we must comply with the provisions of the **Municipal Freedom of Information and Protection of Privacy Act, 1990**. If your child is under the age of 18 years, do you consent to the student's name, photograph, image and/or audio recording and/or accomplishments being released:

- in school or DSBN **print** publications (e.g., newsletters, yearbook, annual report etc.)? Yes No
- in school or DSBN **electronic** Publications, (including webpages and social media)? Yes No
- to the media? (radio, television, newspaper including their online and social media channels)? Yes No

Kindly note that at some school events, both on and off school property, students may be photographed by spectators and/or media. This may result in photos/videos being posted electronically or in print. The school has no control over how or where these images will be posted. We ask that members of our school community practice good digital citizenship by respecting the privacy rights of all students and their families by seeking consent before photos/videos are shared electronically.

SCHOOL EMERGENCY DISMISSAL PROCEDURE

Keep at school (*until designated pick up*) Send home by bus (*if normal means of transportation*) Dismiss immediately (if applicable)

Send home with older sibling Sibling's Name _____ Grade _____

PARENT/GUARDIAN INFORMATION

Parent Stepparent Foster Parent Legal Guardian

Emergency Priority

(Please select one choice: 1 = high, 5 = low)

Relationship to student _____

First Name _____ Last Name _____

Mrs. Ms. Miss Mr. Dr.

Address: (*complete if different from student's home address*)

Number _____ Street _____ Unit No. _____

City/Town _____ Postal Code _____

PARENTING TIME [Supervised only] LEGAL CUSTODY GUARDIAN LIVES WITH STUDENT ACCESS TO RECORDS RECEIVES EMAIL

RECEIVES MARKS MAILING RECEIVES INCIDENT MAILING RECEIVES OTHER MAILING

Decision-Making: All Health Education Other _____

*If applicable, documents provided for the OSR to verify Decision-Making and Parenting Time: Separation Agreement Court Order Parenting Time Schedule
Parents/Guardians are encouraged to keep their information current by providing the school with the most up-to-date documents.

Place of Employment _____ Business Number _____ Ext. _____

(Cell) Phone Number _____ Email Address _____ Subscribe Unsubscribe (See *CASL notes below)

Alt Email Address _____ Subscribe Unsubscribe

PARENT/GUARDIAN INFORMATION

Parent Stepparent Foster Parent Legal Guardian Relationship to student _____ Emergency Priority: _____ (Please select one choice: 1 = high, 5 = low)

First Name _____ Last Name _____ Mrs. Ms. Miss Mr. Dr.

Address: (complete if different from student's home address)

Number _____ Street _____ Unit No. _____

City/Town _____ Postal Code _____

PARENTING TIME(Supervised only) LEGAL CUSTODY GUARDIAN LIVES WITH STUDENT ACCESS TO RECORDS RECEIVES EMAIL
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Place of Employment _____ Business Number _____ Ext. _____

(Cell) Phone Number _____ Email Address _____ Subscribe Unsubscribe (See *CASL notes below)

Alt Email Address _____ Subscribe Unsubscribe

ADDITIONAL CONTACT INFORMATION (local contact)

Emergency Priority: _____ (Please select one choice: 1 = high, 5 = low)

Relationship to the student _____

(i.e., Guardian, Grandparent, Stepparent, Foster Parent, Sitter, Aunt, Uncle, Brother, Sister, Friend)

First Name _____ Last Name _____ Mrs. Ms. Miss Mr. Dr.

Address

Number _____ Street _____ Unit No. _____

City/Town _____ Postal Code _____

ACCESS TO STUDENT LEGAL CUSTODY GUARDIAN LIVES WITH STUDENT ACCESS TO RECORDS RECEIVES EMAIL
 RECEIVES MARKS MAILING RECEIVES INCIDENT MAILING RECEIVES OTHER MAILING

Place of Employment _____ Business Number _____ Ext. _____

Home Phone Number (Landline) _____ Unlisted Cell Phone Number _____ Unlisted

Email Address _____ Subscribe Unsubscribe (See *CASL notes below)

ADDITIONAL CONTACT INFORMATION (local contact)

Emergency Priority: _____ (Please select one choice: 1 = high, 5 = low)

Relationship to the student _____

(i.e., Guardian, Grandparent, Stepparent, Foster Parent, Sitter, Aunt, Uncle, Brother, Sister, Friend)

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Home Phone Number (Landline) _____ Unlisted Cell Phone Number _____ Unlisted

Email Address _____ Subscribe Unsubscribe (See *CASL notes below)

***CASL CONSENT**

Your child's school and the DSBN send you occasional electronic communications with information pertaining to your child's school activities. This may include, without limitation, information about school fundraisers, field trips, sale of yearbooks, school pictures, pizza days and other similar and related matters. To continue receiving ongoing information from your child's school and the DSBN, CASL requires that you provide consent by checking the 'Subscribe' box by your email address(es). You may unsubscribe at any time by replying to an email you've received with "Unsubscribe" in the subject line or by contacting the school secretary in writing.

FREEDOM OF INFORMATION

The Ontario Ministry of Education (MOE) under the authority of the *Education Act* requires that each school maintain a record of basic information for each student registered in the school. Personal information and personal health information on this form is collected, used and disclosed in accordance with the *Education Act*, as amended and the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, as amended and *Personal Health Information Protection Act (PHIPA)*, as amended and will be used for the purpose of compliance with the *Education Act*, proper education and well-being of the student, necessary statistical purposes and any similar or related purpose(s). The District School Board of Niagara (DSBN) will share its Aboriginal Self - Identification data with the MOE and the Education Quality Accountability Office (EQAO) or its successor. These provincial bodies will report their findings in an aggregate or collective format to the public. Questions about this collection, use and disclosure should be directed to the Freedom of Information Coordinator, District School of Niagara, 191 Carlton Street, St. Catharines, ON L2R 7P4 905-641-1550. For the school to release personal (health) information, we must comply with provisions of MFIPPA and PHIPA.

AUTHORITY TO REGISTER

- I have read and understand the information contained on this Student Registration Form.
- I acknowledge and agree that all information contained on this form is accurate and complete.
- I confirm that I have the legal authority to complete this form on behalf of this student.
- I have the authority to disclose the personal information of all persons I have included as Parents/Guardians/Contacts on this form.

Name (print) _____ Date _____

Relationship to student _____

Signature _____ 