

# STUDENT REGISTRATION FORM

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date of Entry \_\_\_\_\_ Homeroom \_\_\_\_\_ Grade \_\_\_\_\_

Home School \_\_\_\_\_ OEN Number \_\_\_\_\_ ESL \_\_\_\_\_

## STUDENT INFORMATION

Legal Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Preferred Surname \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender Male  Female  Other  Non-Disclosed   
(year/month/day)

Date of Birth Verification (Please check one of the following.)

Baptismal Record  Birth Certificate  Birth Registration  Immigration Document  Passport

Verification of Documentation for School Registration (from Welcome Centre)  Other  \_\_\_\_\_

Language(s) Spoken in the Home  \_\_\_\_\_ First Language  \_\_\_\_\_

## PREVIOUS SCHOOL ATTENDED

School Name \_\_\_\_\_ School Board \_\_\_\_\_

City \_\_\_\_\_ Date Left \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

CITIZENSHIP - If country of birth is other than Canada, please complete this section:

Birth Country \_\_\_\_\_ Arrival Date (into Canada) \_\_\_\_\_

Status in Canada (Please check one of the following.) Signature from Welcome Centre \_\_\_\_\_

Canadian Citizen  Convention Refugee  Refugee Claimant  Permanent Resident

Study Permit (Fee-paying Student)  Other Visa  \_\_\_\_\_ Parental Work/Study Permit  \_\_\_\_\_

Verification Document Provided (from above) \_\_\_\_\_ Expiry Date \_\_\_\_\_

Country of Last Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

## FIRST NATIONS, METIS OR INUIT ANCESTRY - (Voluntary and Confidential Self Identification)

First Nations (living on or off Reserve)

Metis

Inuit

Information gathered on First Nation, Métis, Inuit ancestry will help the DSBN learn more about indigenous student achievement and allocate resources and supports to improve learning and student success. Any email address provided by you may be used to communicate with you. Some of these messages may be commercial in nature. Questions about the collection of this information should be directed to the Principal of the school.

## MEDICAL INFORMATION

Medical Emergencies - Anaphylaxis? Daily Medication Needed? If YES, ADDITIONAL FORMS MUST BE FILLED OUT.

Medical Condition Please note: Serious medical alerts, chronic illnesses, allergies and treatment

\_\_\_\_\_

\_\_\_\_\_

Doctor's Surname \_\_\_\_\_ First Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

**STUDENT HOME ADDRESS** Verification of home address (*utility bill, rental agreement, etc.*) No  Yes  Type \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite   
 Additional Delivery Information \_\_\_\_\_  
 City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_ Listed  Unlisted

**TRANSPORTATION INFORMATION**  
*If this student will be staying with a sitter or child care provider on a consistent basis, please complete the following information for use by transportation:*

Pick Up Address (before school)  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite   
 City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Additional Delivery Information \_\_\_\_\_  
 Phone Number of Contact \_\_\_\_\_

Drop off Address (after school)  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite   
 City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Additional Delivery Information \_\_\_\_\_  
 Phone Number of Contact \_\_\_\_\_

It is important you select the correct Emergency Priority and Closure Priority in the contact information on the following pages. This is to ensure the correct person is contacted in an emergency situation. Throughout the parents/guardians and contacts, please use #1 only once, #2 only once, #3 only once, etc.

Definitions: Emergency Priority: The person to be contacted in case of an emergency.  
 School Closure Priority: The person to be contacted in case of school closure.

School Emergency Dismissal Procedures (*Please check one of the following*)

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

Send home with older sibling  Sibling's Name \_\_\_\_\_ Grade \_\_\_\_\_  
*(If the student is JK, they cannot be sent home with an older sibling.)*

\_\_\_\_\_  
 Signature of Mother Signature of Father Signature of Legal Guardian

**SIBLING INFORMATION** Sibling Information: (*If the student has siblings in this school, please indicate the name.*)

1) \_\_\_\_\_ 3) \_\_\_\_\_  
 2) \_\_\_\_\_ 4) \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**  
 Parent  Stepparent  Foster Parent  Legal Guardian   
 Emergency Priority: 1 2 3 4 5 (*Please circle one choice: 1 = high, 5 = low*)  
 School Closure Priority: 1 2 3 4 5 (*Please circle one choice: 1 = high, 5 = low*)

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Mrs.  Ms.  Miss  Mr.  Dr.   
 Address: (*Complete if different from student's home address.*)  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite   
 Additional Delivery Information \_\_\_\_\_  
 City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_

LEGAL CUSTODY Yes  No  LIVES WITH STUDENT Yes  No  ACCESS TO RECORDS Yes  No   
 ACCESS TO STUDENT Yes  No  RECEIVES MAIL Yes  No

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_ Ext. \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Unlisted  Cell Phone Number \_\_\_\_\_

Primary Email Address (CASL) \_\_\_\_\_  Subscribe  Unsubscribe  
 Alt 1 Email Address (CASL) \_\_\_\_\_  Subscribe  Unsubscribe  
 Alt 2 Email Address (CASL) \_\_\_\_\_  Subscribe  Unsubscribe

Refer to pg. 4  
CASL CONSENT.

**PARENT/GUARDIAN INFORMATION**

Parent  Stepparent  Foster Parent  Legal Guardian

Emergency Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)  
School Closure Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Mrs.  Ms.  Miss  Mr.  Dr.

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

Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite

Additional Delivery Information \_\_\_\_\_

City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_

LEGAL CUSTODY Yes  No  LIVES WITH STUDENT Yes  No  ACCESS TO RECORDS Yes  No   
ACCESS TO STUDENT Yes  No  RECEIVES MAIL Yes  No

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Unlisted  Cell Phone Number \_\_\_\_\_

Primary Email Address (CASL) \_\_\_\_\_  Subscribe  Unsubscribe

Alt 1 Email Address (CASL) \_\_\_\_\_  Subscribe  Unsubscribe

Alt 2 Email Address (CASL) \_\_\_\_\_  Subscribe  Unsubscribe

Refer to pg. 4  
CASL CONSENT.

**CONTACT INFORMATION**

(if a parent cannot be contacted during the day - local contact)

Emergency Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)  
School Closure Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Mrs.  Ms.  Miss  Mr.  Dr.

Relationship to the student \_\_\_\_\_

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

Address

Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite

Additional Delivery Information \_\_\_\_\_

City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_

GUARDIAN Yes  No  LIVES WITH STUDENT Yes  No  ACCESS TO RECORDS Yes  No   
ACCESS TO STUDENT Yes  No  RECEIVES MAIL Yes  No

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Unlisted  Cell Phone Number \_\_\_\_\_

**CONTACT INFORMATION**

(if a parent cannot be contacted during the day - local contact)

Emergency Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)  
School Closure Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Mrs.  Ms.  Miss  Mr.  Dr.

Relationship to the student \_\_\_\_\_

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

Address

Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite

Additional Delivery Information \_\_\_\_\_

City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_

GUARDIAN Yes  No  LIVES WITH STUDENT Yes  No  ACCESS TO RECORDS Yes  No   
ACCESS TO STUDENT Yes  No  RECEIVES MAIL Yes  No

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Unlisted  Cell Phone Number \_\_\_\_\_

## FREEDOM OF INFORMATION

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

Personal information contained on this form and any other correspondence relating to involvement in Board programs is collected under the authority of s.170, s.190, s.264, and/or s.265 of the Education Act and Sabrina's Law and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). It will be used in the Ontario Student Record and for registration, administrative, communication, educational and reporting purposes. The information may be shared with other educational support workers employed by the District School Board of Niagara or with other employees to carry out their job duties or with providers of student transportation or child care. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement or in accordance with any other Act. Medical information will be shared with those transporting students in order to ensure their health and safety.

## CASL CONSENT

To continue receiving electronic communications from your child's school and the DSBN, Canada's Anti-Spam Legislation (CASL) requires that you provide us with your consent. This requirement came into effect on July 1, 2014. Your preference will be saved in the DSBN student database.

## INTERSCHOOL ATHLETIC PROGRAM

According to the Administrative Procedure entitled Permission to Participate in Interschool Athletic Program, student athletes must complete a Permission to Participate Form for each sport. This form includes medical and personal information needed by a coach in case of emergency. The District School Board of Niagara recommends an annual medical examination for students who participate in interschool sports. These forms, or copies of the forms, should be readily accessible by the coach at all times. This includes all practices and games.

## USE OF BOARD TECHNOLOGY

The use of District School Board of Niagara's digital technology is a resource and a technological tool for lifelong learning. According to Administrative Procedure "4-02 Digital Technology Use by Students", the District School Board of Niagara expects schools to implement the administrative procedure relative to the proper application of Digital Citizenship Guidelines. In order for students to access the Internet and Intranet services both students and parents/guardians will complete and sign an "I.T. Digital Citizenship Agreement" provided by the school which is an agreement by students to abide by all directions established by the District School Board of Niagara's "Digital Technology Use by Students" policy. Students who have not completed and submitted the "I.T. Digital Citizenship Agreement" will be prohibited from using the Board's Digital Technological resources.

### STUDENT REGISTRATION INFORMATION:

Activity Fee \_\_\_\_\_

Yearbook Fee \_\_\_\_\_

Workbook Fee \_\_\_\_\_

Grad Fee \_\_\_\_\_ Total \_\_\_\_\_

### FOR OFFICE USE ONLY

Number \_\_\_\_\_

Combination \_\_\_\_\_

Serial Number \_\_\_\_\_



PLEASE PRINT ALL INFORMATION