

STUDENT REGISTRATION FORM

School Name: _____

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
(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 _____

MEDICAL INFORMATION

Medical Condition (Serious medical alerts, chronic illnesses, allergies and treatment or medication needed should be noted.)

Doctor Surname _____ First Name _____

Doctor's Phone Number _____

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

- First Nations (Living on or off Reserve)
 Metis
 Inuit

"The information on the individual students will not be released and is kept confidential in accordance with the Freedom of Information and Protection Privacy Act. The District School Board of Niagara (DSBN) will share its Aboriginal Self-Identification data with the Education Quality Accountability Office (EQAO). These provincial bodies will report their findings in an aggregate or collective format to the public."

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)

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 _____

SIBLING INFORMATION

Sibling Information: (if the student has siblings in this school, please indicate.)

	Name		Name
1)	_____	3)	_____
2)	_____	4)	_____

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 contact 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 _____

Date _____

PARENT/GUARDIAN INFORMATIONParent 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) _____ Alt 1 Email Address (CASL) _____

Alt 2 Email Address (CASL) _____ Please confirm Email CASL consent on page 4

PARENT/GUARDIAN INFORMATIONParent 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 _____

Place of Employment _____ Business Number _____ Ext. _____

Home Phone Number _____ Unlisted Cell Phone Number _____

Primary Email Address (CASL) _____ Alt 1 Email Address (CASL) _____

Alt 2 Email Address (CASL) _____ Please confirm Email CASL consent on page 4

If you are providing daycare information, enter a **Contact Name** from the daycare centre. Enter Daycare in **Relationship to Student**. Enter Name of Daycare in **Place of Employment**.**CONTACT INFORMATION**

(If a parent cannot be contacted during the day)

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, Daycare)

AddressNumber _____ 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 _____

Pager Phone Number _____ Email Address _____

CONTACT INFORMATION

(If a parent cannot be contacted during the day)

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, Daycare)

AddressNumber _____ 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 _____

Pager Phone Number _____ Email Address _____

FREEDOM OF INFORMATION

In order for the school to release personal information, we must comply with the provisions of the **Municipal Freedom of Information/Protection of Privacy Act, 1990**.

If your child is under the age of 18 years, do you consent to the student's name, photograph, video image and/or accomplishments being released:

- in school or Board of Education publications (e.g., Newsletters, yearbook, etc)? Yes No
- to the media? (radio, television, newspapers)? Yes No
- in school or Board of Education Electronic Publications, (i.e., webpages) Yes No

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.

Parent/Guardian 1

Primary Email Yes - I consent No - I Do Not Consent

Alternate 1 Email Yes - I consent No - I Do Not Consent

Alternate 2 Email Yes - I consent No - I Do Not Consent

Parent/Guardian 2

Primary Email Yes - I consent No - I Do Not Consent

Alternate 1 Email Yes - I consent No - I Do Not Consent

Alternate 2 Email Yes - I consent No - I Do Not Consent

The Ontario Ministry of Education and Training, under the authority of the Education Act of the Province of Ontario, requires that each school maintain a record of basic information for each student registered in the school. The information will be used for the purposes of the proper education and well-being of the student and for necessary statistical purposes.

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990 c.E.2, as amended, and will be used for the Ontario Student Record and for administrative purposes. Questions about collection may be directed to the Director of Education, District School Board of Niagara, 191 Carlton Street, St. Catharines, ON, L2R 7P4 (905-641-1550)

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 _____

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Number _____

Combination _____

Serial Number _____



PLEASE PRINT ALL INFORMATION