

# 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.)* 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 \_\_\_\_\_

**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 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) \_\_\_\_\_ Alt 1 Email Address (CASL) \_\_\_\_\_

Alt 2 Email Address (CASL) \_\_\_\_\_ Please confirm Email CASL consent on page 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) \_\_\_\_\_ 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)

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 \_\_\_\_\_

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)

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 \_\_\_\_\_

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, 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 \_\_\_\_\_

### FOR OFFICE USE ONLY

Number \_\_\_\_\_

Combination \_\_\_\_\_

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



PLEASE PRINT ALL INFORMATION