



# District School Board Ontario North East STUDENT REGISTRATION FORM

**Confidential – Please Print**

<b>For School Use:</b>	Entry Date: _____	Program: <input type="checkbox"/> English	Grade: _____
	O E N: _____	<input type="checkbox"/> French Immersion	<input type="checkbox"/> Independent Study

## STUDENT INFORMATION

Full Legal Name: _____		
Last Name	First Name	Middle Name(s)
Preferred Name: _____		
Last Name	First Name	Middle Name(s)
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: _____	Language(s) spoken at home: _____
	Month    Day    Year	
<b>For School Use:</b>	Proof of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immigration Papers/Card <input type="checkbox"/> Passport	
Province of Birth: _____	Birth Country: _____	Country of Citizenship: _____
<b>STUDENT HOME ADDRESS</b>	Proof of Address: <input type="checkbox"/> License <input type="checkbox"/> Utility Bill <input type="checkbox"/> Tax Bill <input type="checkbox"/> Other: _____	
Apt. No. _____	House No. _____	Street: _____
City/Town/Twp./Mun. _____	Prov. _____	Postal Code _____
Mailing Address:		Postal Code _____
<input type="checkbox"/> Same as above, OR:	Box / RR# _____	City/Town/Twp./Mun. _____
		Prov. _____
Home Phone No. _____	Work Phone No. _____	Cell No. _____
Email Address: _____	<b>(Complete CASL section, p.4, if email provided)</b>	
Other students in household attending this school: (list Name & Relationship to student being registered) _____		

## PREVIOUS SCHOOL INFORMATION *(if applicable)*

Name of last school most recently attended: _____
City: _____
Has the student ever been registered at a District School Board Ontario North East school: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
If <b>Yes</b> , name of school(s): _____
<b>Special Education:</b> Has the student ever been identified through an IPRC for special education support? <input type="checkbox"/> Yes <input type="checkbox"/> No

## INDIGENOUS SELF-IDENTIFICATION *(Voluntary)*

*Parents/guardians and students over the age of 18 have the opportunity to self-identify as a student of an Indigenous ancestry (e.g., First Nations, Métis, Inuit). Self-identification will enable access to services and/or programs listed below. Indigenous students may self-identify whether living on or off an Indigenous community. Government identification is not required for self-identifying.*

Self-Identification: <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> First Nation
<b>Summary of Programs/Services Offered</b> <i>(Not all programs/services are available at all schools)</i>
<ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• Academic support</li> <li style="display: inline-block; width: 45%;">• Early Literacy/Numeracy intervention</li> <li style="display: inline-block; width: 45%;">• Indigenous Student Advisors Gr. 7-12</li> <li style="display: inline-block; width: 45%;">• Cultural Events/Presentations</li> <li style="display: inline-block; width: 45%;">• Programs and referral services</li> <li style="display: inline-block; width: 45%;">• Leadership Conference Opportunities</li> <li style="display: inline-block; width: 45%;">• Home-School communication (letters, phone calls, etc.)</li> <li style="display: inline-block; width: 45%;">• Graduation/Scholarship/Bursary post-secondary information</li> <li style="display: inline-block; width: 45%;">• Monitoring of academic progress and attendance</li> </ul>



**PARENT/GUARDIAN INFORMATION**

Legal Documentation is to be provided if **No Access** is selected for a parent/guardian listed.  
 Emergency contact number is used to show whom to call in the case of emergency and/or school closure.  
 Email addresses provided may be used for contact purposes.

**Parent/Guardian** Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

**Relationship:**  
 Mother  Foster Parent  
 Father  Legal Guardian  
 Step Parent  Other: \_\_\_\_\_

**Access to Student**  Lives with Student   
**No Access**  Custody

Legal Document(s) Received: **Emergency Contact #** \_\_\_\_\_  
 Yes  No (i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> to be called in emerg.)

Home Phone No. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_ **(Complete CASL section, p.4, if email provided)**

Physical Address  
 Same as student; OR: \_\_\_\_\_ Apt + House # or Lot/Conc. Street/Road City/Town/Twp/Mun. Prov. Postal Code

Mailing Address  
 Same as physical; OR: \_\_\_\_\_ PO Box or RR # City / Town / Township / Municipality Prov. Postal Code

**Parent/Guardian** Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_

**Relationship:**  
 Mother  Foster Parent  
 Father  Legal Guardian  
 Step Parent  Other: \_\_\_\_\_

**Access to Student**  Lives with Student   
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Home Phone No. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_ **(Complete CASL section, p.4, if email provided)**

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 Same as student; OR: \_\_\_\_\_ Apt + House # or Lot/Conc. Street/Road City/Town/Twp/Mun. Prov. Postal Code

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Business Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_ **(Complete CASL section, p.4, if email provided)**

Physical Address  
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Mailing Address  
 Same as physical; OR: \_\_\_\_\_ PO Box or RR # City / Town / Township / Municipality Prov. Postal Code



**EMERGENCY CONTACT INFORMATION**

Trusted individuals who may be contacted in an emergency when the parent/guardian cannot be reached.

1) Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Last Name : \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**TRANSPORTATION ADDRESS INFORMATION**

Transportation eligibility is determined by the Board. If student is eligible for board-funded transportation, indicate where he/she will be picked up & dropped off:

- Picked up from home     Dropped off at home     Picked up from *Caregiver*     Dropped off at *Caregiver*

If student will **NOT** be picked up from or dropped off at home, enter the caregiver's information for pick-up/drop-off:

Pick Up Address: Caregiver Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Apt + House # or Lot/Conc.                      Street/Road                      City / Town / Township / Municipality

Drop-Off Address: Caregiver Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Apt + House # or Lot/Conc.                      Street/Road                      City / Town / Township / Municipality

**HEALTH INFORMATION**

Medical Conditions (include information on assistive equipment or medication, if required):

\_\_\_\_\_

Does the student require Emergency Medication?  Yes  No If yes, please specify: \_\_\_\_\_

**ADDITIONAL STUDENT INFORMATION** (if required by the school)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEASE FOR PUBLICATION OF STUDENT NAME, PHOTO AND SCHOOL-RELATED WORK**

I hereby give **District School Board Ontario North East** permission to:

- publish my image (photographs and/or video) taken of me with or without other students in newspapers and other media, Board pamphlets, District School Board Ontario North East website and social media, and other similar promotional materials;
- display my school-related work or comments on the District School Board Ontario North East website and social media and other similar promotional materials; and
- share my school-related work only with Board employees for educational purposes.

Yes  No

**This permission remains in effect until the Parent/Guardian or adult Student (18 years and over) advises the school otherwise in writing.**

\_\_\_\_\_  
Student Signature (if over 18 years)                      OR                      Parent/Guardian Signature                      \_\_\_\_\_ Date



**CANADA’S ANTI-SPAM LEGISLATION**

**(To be completed if you provided an email address with your contact information)**

Canada’s Anti-Spam Legislation prohibits the sending of commercial electronic messages, including emails and other forms of digital messaging if the electronic message encourages participation in a commercial activity unless the sender has received the recipient’s consent prior to sending the message.

**DSB Ontario North East and your child’s school require your consent to send any electronic messages which promote, advertise or offer for sale anything including school pictures, field trips, yearbooks, books, uniforms, food programs, event tickets or entry fees, fundraising events or items, or similar events or offers to sell goods and services.**

You may withdraw your consent for receiving commercial electronic messages at any time by notifying the Principal of the school where you or your child attends in writing or by visiting our website [www.dsb1.ca](http://www.dsb1.ca) and using the “unsubscribe” button.

**Please check ONE of the following:**

- I wish to receive commercial electronic messages from my child’s school.
- I do NOT wish to receive commercial electronic messages from my child’s school.

\_\_\_\_\_

Student Signature (if over 18 years)

OR

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

**ACKNOWLEDGEMENT – Please Read and Sign**

*Student personal information is collected during registration and while attending school pursuant to the Education Act and its regulations and within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA). It will be used for planning and programming, school to home communications, and to establish the Ontario Student Record which contains information conducive to the improvement of instruction. Limited information may be disclosed beyond the board for purposes such as yearbooks and accident information to the board’s insurer.*

*As students progress from elementary to secondary school, important information is shared which eases a student’s transition to secondary school. Sharing it also improves our ability to program effectively to the benefit of all students. Select student information will be shared at different times as required. This is authorized under the Education Act. Please note that all information used for the transition process is limited, secure and protected at all times.*

**Although opportunities will be provided to update this information annually, parents/guardians are expected to advise the school of changes in address, custody, medical conditions, etc. as they occur.**

*Questions about the information collected on this form should be directed to the principal of the school.*

**Acknowledgement: I certify that the information given on this form is true and correct. I have read and understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. I also give my consent to forward any or all of this information to school board officials.**

\_\_\_\_\_

Name of Parent/Guardian signing (please print)

\_\_\_\_\_

Signature of Parent/Guardian (or student if 18 or older)

\_\_\_\_\_

Date

\_\_\_\_\_

Name of School Staff Member signing

\_\_\_\_\_

Signature of School Staff Member

\_\_\_\_\_

Date