District School Board Ontario North East

STUDENT REGISTRATION FORM

Confidential – Please Print

For School Use:
Entry Date: _____ Program: ☐ English ☐ French Immersion Grade: _____
O E N: _____ ☐ Independent Study

STUDENT INFORMATION

Full Legal Name: _____ _____ _____
Last Name First Name Middle Name(s)

Preferred Name: _____ _____ _____
Last Name First Name Middle Name(s)

Gender: ☐ Female ☐ Male Date of Birth: _____ _____ _____
Month Day Year

Language(s) spoken at home: _____

Other students in household attending this school: (list Name & Relationship to student being registered)
_____
_____
_____

For School Use: Proof of Birth: ☐Birth Certificate ☐Immigration Papers/Card ☐ Passport

Province of Birth: _____ Birth Country: _____ Country of Citizenship: _____

Name of last school most recently attended: _____

City: _____

Has the student ever been registered at a District School Board Ontario North East school: ☐ Yes ☐ No

If **Yes**, name of school(s): _____

Special Education: Has the student ever been identified through an IPRC for special education support? ☐ Yes ☐ 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. First Nations students may self-identify whether living on or off a First Nations' community. Government identification is not required for self-identifying.

Self-Identification: ☐Métis ☐Inuit ☐First Nation ☐ First Nation Affiliation: _____

Have you relocated from a First Nation? ☐Yes ☐No Date of Relocation: _____

Summary of Programs/Services Offered *(Not all programs/services are available at all schools)*

- Academic support
- Aboriginal Youth Liaison Officers
- Programs and referral services
- Home-School communication (letters, phone calls, etc.)
- Monitoring of academic progress and attendance
- School-wide programs/events (e.g. Aboriginal Day K-12)
- Early Literacy/Numeracy intervention
- Homework club
- Newsletters
- Cultural Events/Presentations
- Leadership Conference (Gr. 8-12)
- Graduation/Scholarship/Bursary post-secondary information

STUDENT HOME ADDRESS INFORMATION

Proof of Address: ☐License ☐Utility Bill ☐Tax Bill ☐Other: _____

Apt. No. _____ House No. _____ Street: _____

City/Town/Twp./Mun. _____ Prov. _____ Postal Code _____

Mailing Address:
☐Same as above, OR: _____ Postal Code _____
Box / RR# City/Town/Twp/Mun. Prov.

Home Phone No. _____ Work Phone No. _____ Cell No. _____

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

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: ☐Yes ☐No

Emergency Contact #_____
(i.e. 1st, 2nd, 3rd 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 ☐
No Access ☐ Custody ☐

Legal Document(s) Received: ☐Yes ☐No

Emergency Contact #_____
(i.e. 1st, 2nd, 3rd 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)**

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Apt + House # or Lot/Conc. Street/Road City/Town/Twp/Mun. Prov. Postal Code

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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: ☐Yes ☐No

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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) taken of me with or without other students in newspapers and other media, Board pamphlets, District School Board Ontario North East website and other similar promotional materials;
- display my school-related work or comments on the District School Board Ontario North East website 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.

_____ OR _____ _____

Student Signature (if over 18 years) 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 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