



# Student Registration Form

Office Use Only	
Student Number: _____	OEN: _____
Ministry Number: _____	Grade: _____
Track: _____	Homeroom: _____
International Language: _____	Program: _____
Admit Date: _____	Register: _____
Pupil of the Board: _____	Admit Code: _____
Funding Source: _____	Age Verification: _____
Native Band: _____	Catholic Verification: _____
OSR Status: Requested _____	Received _____
Date: _____	

Legal Name: _____	Gender: _____	Male: _____	Female: _____
Surname _____	First Name _____	Middle Name _____	Date of Birth: _____
Preferred Name: _____	Surname _____	First Name _____	Middle Name _____
	Year _____	Month _____	Day _____
Siblings in This School: _____			
Aboriginal ID: _____	First Nation _____	Inuit _____	Métis _____
	Not Applicable _____		

Home Address: _____	Number/Street _____	Unit# _____	City/Township _____	Postal Code _____
Additional Info/ Residence Location: _____				
Mailing Address: _____	Number/Street _____	Unit# _____	City/Township _____	Postal Code _____
Additional Info/ Residence Location: _____				
Post Office Box: _____	911 Number: _____			
Home Phone Number: _____	Listed _____	Unlisted _____		

Country of Birth: _____	Canadian Province of Birth: _____
Country Of Citizenship: _____	Arrival Date: _____ Expiry Date: _____
Status in Canada: _____	First Language: _____
Main Language at Home: _____	Spoken at Home: _____

Previous School Attended: _____				
Address: _____	Street _____	City _____	Province/State _____	Country _____
Previous Board Attended: _____				
Language of Instruction: _____	Departure Date: _____			
Last Grade Attended: _____	Reason for Transfer: _____			

Heath Card Number: _____	Version: _____	Immunization Record Provided: _____	Yes _____	No _____
		Medical Peril: _____	Yes _____	No _____
Medical Alert Information/Disability/Allergies: _____				
Doctor's Name: _____	Telephone Number: _____		Ext: _____	
Student Identification Through IPRC: _____	Yes _____	No _____	Student had IEP: _____	Yes _____ No _____

Bus Transportation Required: _____	Yes _____	No _____		
Pick Up Route: _____	Stop: _____	Time: _____		
Transport Company _____				
Drop Off Route: _____	Stop: _____	Time: _____		
Transport Company _____				

Current Parish: _____	Communion Parish: _____	Date: _____
Baptism Parish: _____	Date: _____	Confirmation Parish: _____
Reconciliation Parish: _____	Date: _____	Date: _____

**Parent/Guardian Information:**

Student Name: \_\_\_\_\_

Name: _____				Male:	Female:
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____		Place of Employment:	_____	
Emergency Contact Priority	1	2	3	School Closure Contact Priority:	1 2 3
Home Phone Number:	_____		Business Phone Number:	_____ Ext: _____	
Cell Phone Number:	_____		E-mail Address:	_____	
Guardian:	Custody:	Lives with Student:			
Access to Records:	Speaks School Language:	Receives Mail:			
Address if Different from Student: _____					
	Number/Street	Unit#	City/Township	Postal Code	

Name: _____				Male:	Female:
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____		Place of Employment:	_____	
Emergency Contact Priority	1	2	3	School Closure Contact Priority:	1 2 3
Home Phone Number:	_____		Business Phone Number:	_____ Ext: _____	
Cell Phone Number:	_____		E-mail Address:	_____	
Guardian:	Custody:	Lives with Student:			
Access to Records:	Speaks School Language:	Receives Mail:			
Address if Different from Student: _____					
	Number/Street	Unit#	City/Township	Postal Code	

**Emergency Contact Information:**

Name: _____				Male:	Female:
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____		Place of Employment:	_____	
Emergency Contact Priority	1	2	3	School Closure Contact Priority:	1 2 Other: _____
Home Phone Number:	_____		Business Phone Number:	_____ Ext: _____	
Cell Phone Number:	_____		E-mail Address:	_____	

Name: _____				Male:	Female:
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____		Place of Employment:	_____	
Emergency Contact Priority	1	2	3	School Closure Contact Priority:	1 2 Other: _____
Home Phone Number:	_____		Business Phone Number:	_____ Ext: _____	
Cell Phone Number:	_____		E-mail Address:	_____	

This information is collected pursuant to the School Board's responsibilities as set out in the Education Act and its regulations.

This information is collected for educational purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989.

This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually.

Any questions with respect to this information should be directed to the Principal of the school in which the student is applying/registered.

I certify that the information provided on this form is accurate.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_