



Student Registration Form

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

Legal Name: _____ Gender: Male: Female:

Surname First Name Middle Name

Preferred Name: _____ Date of Birth: YYYY MMM DD

Surname First Name Middle Name

Program: French Immersion Regular (English)

Siblings in This School: _____

Aboriginal self-identification is completely voluntary and does not require proof. Parents/guardians and students 18 years of age and older are entitled to remove the identification at any time upon written request. **Aboriginal ID:** First Nation Inuit Métis

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 (Civic) Number: _____

Home Phone Number: _____ Listed Unlisted

Country of Birth: _____ Canadian Province of Birth: _____

Country Of Citizenship: _____ Arrival Date: _____

Status In Canada: _____ Expiry Date: _____

Mother Tongue: _____ Language(s) 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: _____

Health Card Number: _____ (optional) Version: _____ Immunization Record Provided: Yes No

Medical Peril (Life Threatening): Yes No

Child Carries EpiPen: Yes No

Medical Alert Information/Disability/Allergies: _____

Doctor's Name: _____ Telephone Number: _____ Ext: _____

Special Learning Needs: Identification through IPRC: Yes No

Student has an IEP: Yes No

For students entering grade 10 or higher, was grade 9 completed outside Ontario? Yes No

Parent/Guardian or CAS Agency Information:

Student Name: _____

 In care of CAS: (Note: if this is checked enter CAS Agency below)Parent/Guardian Name or CAS Agency: _____ Male: Female:

First & Last Name OR CAS Agency

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 Other: _____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 Other: _____School Closure Contact Priority: 1 2 Other: _____

Home Phone Number: _____

Business Phone Number: _____ Ext: _____

Cell Phone Number: _____

E-mail Address: _____

The personal information on this form is being collected under the authority of the Education Act, R.S.O. as amended and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. This information will be used for the purpose of establishing a student record and for necessary statistical purposes. Opportunities will be provided to update this information annually.

Ontario Law states that the Health Unit must know your child's immunization status. The Ontario Health Card number is being requested to facilitate in the event of a medical emergency.

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: _____