

STUDENT REGISTRATION FORM

(PLEASE PRINT)

STUDENT INFORMATION

Legal Surname: _____ Preferred Surname: _____
 Legal Middle Name: _____ Preferred First Name: _____
 Legal First Name: _____
 Gender: Male Female Date of Birth (yyyy/mm/dd): _____

Note: Legal Name as shown on legal document (i.e. birth certificate, passport, change of name order, etc.) and will appear on all school Official Records

STUDENT ADDRESS INFORMATION

Home Address: _____
Number Street Apt/Unit/Suite Number

City/Town Province Postal Code
 Home Phone Number: _____ Listed: Yes No

STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

Country of Citizenship: _____ Province of Birth: _____
(If born in Canada)

Languages Spoken *(indicate all languages including English)*

1) _____ First Language Spoken at Home
 2) _____ First Language Spoken at Home

Fill in the section below ONLY if country of birth is something other than Canada

Birth Country: _____ Country of Last Residence: _____
 Status is Canada: _____ Date Arrived in Canada: _____ Expiry Date: _____

EDUCATIONAL BACKGROUND

Name of Previous School: _____
 Previous School Address: _____ Phone: _____
City/Town Province
 Previous School Board: _____
 Last Date of Attendance: _____ Reason for Transfer: _____
Has the student ever been registered at a school within the Limestone District School Board? Yes No
 If **Yes**, provide the name of the school: _____ Last grade attended: _____

 Has the student previously received Special Education Support? Yes No
 Type of program *(if known)*: _____

Is the student **currently** under **suspension** from any school or board? Yes No
 Is the student **currently** under **expulsion** from any school or board? Yes No

FOR SECONDARY SCHOOL USE ONLY:
 Previous Community Service Hours completed outside Limestone District School Board: _____ hours
 Grade 10 Literacy Test successfully completed (please provide proof of results) Yes No
 First Entered ONTARIO Secondary Schools after Grade 9 Yes No Cohort Year: _____

MEDICAL INFORMATION

Students immunization records must be provided to KFL&A Public Health - <https://www.kflaph.ca/en/healthy-living/immunization-records.aspx>

Medical Conditions:
 If your child has medical needs or conditions of which the school should be aware, please describe the condition(s) below: _____ **Life Threatening**
 _____ Yes No
 _____ Yes No

SIBLING INFORMATION (if the student has brothers or sisters in this school, please indicate)

Surname (1): _____ Surname (2): _____
 First Name (1): _____ First Name (2): _____

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

CONTACT 1
 Surname: _____ First Name: _____ Male Female
 Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority
 Home Phone Number: _____
 Business Phone Number: _____
 Cell Phone Number: _____
 Email Address*: _____
 CASL
 Home Mailing Address (complete if different than student's)

Number Street City/Town Province Postal Code

Check all applicable boxes

Has Access to Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>
	Has Custody <input type="checkbox"/>	Has Access to Records <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Speaks English <input type="checkbox"/>

CONTACT 2
 Surname: _____ First Name: _____ Male Female
 Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority
 Home Phone Number: _____
 Business Phone Number: _____
 Cell Phone Number: _____
 Email Address*: _____
 CASL
 Home Mailing Address (complete if different than student's)

Number Street City/Town Province Postal Code

Check all applicable boxes

Has Access to Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>
	Has Custody <input type="checkbox"/>	Has Access to Records <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Speaks English <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION *(if parent/guardian cannot be reached)***CONTACT 1**Surname: _____ First Name: _____ Male Female Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

CONTACT 2Surname: _____ First Name: _____ Male Female Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

INDIGENOUS STUDENT SELF-IDENTIFICATION

All parents/guardians of Indigenous students, and students where they are 18 years of age or older, have the right to voluntarily self-identify. **Please check the most appropriate single box to indicate Indigenous Identity (if applicable).**

First Nation Ancestry (Status or non-Status) Indigenous person outside of Canada Métis Ancestry Inuit Ancestry Other **ADDITIONAL STUDENT INFORMATION** *(if required for school)*

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

Signature of Parent/Legal Guardian

yyyy/mm/dd

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually.

Questions or concerns about this collection should be directed to the Privacy Office, Limestone District School Board, 220 Portsmouth Avenue, Kingston, ON K7M 0G2, (613)544-6925.

*Email address will be used to provide information such as student progress and information nights and information from Board officials or the Board of Trustees that relate to the education of students or operation of schools.

**Email address will also be used to provide information of a commercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. CASL prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Limestone District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.

FREEDOM OF INFORMATION & CONSENT FORM FOR STUDENTS

Over the course of the school year and as part of our mandate to educate students, the Limestone District School Board, under the authority of the *Education Act*, as amended, collects personal information about each student from both the student and his/her parent(s) or guardian(s). The Board is proud of our students and their achievements; however, in order for us to release personal information about students and/or their achievements, and for other administrative purposes, parent/guardian consent is required to comply with the provisions of the *Municipal Freedom of Information & Protection of Privacy Act*. As such, please review the following indicating your consent to the release of personal information and/or the participation of your child in school activities/events. Mark your consent/permission with an 'X' in the appropriate box. Please sign, date and return the completed form to the classroom teacher.

STUDENT NAME:	DATE OF BIRTH:	
SCHOOL:	CLASS/GRADE:	
DO YOU CONSENT TO:	YES	NO
1. Your child's participation in teacher-supervised trips to local places of interest, such as libraries, museums and art galleries to support regular classroom programs?		
2. Your child participating in intramural activities or clubs at the school that may involve some inherent risk, such as volleyball, soccer, floor hockey, chess club, art club, choir, etc.?		
3. Your child's name, photograph, video or digital image and/or school work such as photographs, artwork, writing or other activities being copied, used, displayed or shared in a) School public displays and publications such as print and electronic newsletters and yearbooks b) Board public displays and publications such as print and electronic newsletters	a) b)	a) b)
4. Your child's name and home address being released as a graduate to the area's Member of Provincial Parliament (MPP) or Member of Parliament (MP) for congratulatory certificates.		
5. I GIVE permission to have my child's name, photograph, video or digital image and/or school work such as photographs, artwork, writing or other work appear on school and/or Board online social media platforms (eg. websites, Twitter, Facebook & Instagram).		
6. The release of your child's name, photograph, video or digital image and/or school work such as photographs, artwork, writing or other work to media outlets (newspaper, radio, television & websites).		
7. I GIVE permission for the School and/or Parent Council to send newsletters and other updates to my email inbox. I understand that some of these items may contain information of a commercial nature such as, but not limited to, fundraising, field trips, lunch programs, school photos and yearbooks. If you answered yes, please provide your email address:		
NAME OF PARENT/GUARDIAN	SIGNATURE OF PARENT/GUARDIAN	DATE

FOR STUDENTS 18 YEARS OF AGE OR OLDER

DO YOU CONSENT TO:	YES	NO
All of the items as listed on page 1 above?		
The continued disclosure of ALL student-related personal information about you to your parents/guardians?		
The disclosure of information ONLY contained in your OSR (Ontario Student Record) to your parents/guardians?		
The disclosure of PERSONAL information other than that found in your OSR to your parents/guardians?		
If you answered yes to question 7 on page 1, please provide your email and cell phone: Email: Cell Phone:		
NAME OF STUDENT OVER AGE 18	SIGNATURE OF STUDENT OVER AGE 18	DATE

To remove your consent for any of the above times, at any time, please contact your school Principal.