



Student Registration Form

OFFICE USE ONLY	
JK/SK Preference: JK <input type="checkbox"/>	SK <input type="checkbox"/> Mon-Wed <input type="checkbox"/> Tues-Thur <input type="checkbox"/>
Grade: _____	Immunization Record: _____
Homeroom: _____	Age Verification: _____
Teacher Name: _____	Catholic Verification: _____

Legal Name: _____
 Surname First Name Middle Name

Preferred Name: _____
 Surname First Name Middle Name

Gender: Male Female Date of Birth: _____
 YYYY MM DD

Siblings in This School: _____ Language(s) Spoken at Home: _____

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: _____ Country of Last Residence: _____

Country of Citizenship: _____ Arrival Date: _____

Status in Canada: _____ Expiry Date: _____

Mother Tongue: _____ Translator Required: _____

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

Medical Alert Information: _____

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

Baptism Parish: _____ Date: _____ Communion Parish: _____ Date: _____

Reconciliation Parish: _____ Date: _____ Confirmation Parish: _____ Date: _____

Bus Transportation Required: Yes No

Pick Up Route: _____ Stop: _____ Time: _____

Transportation Company: _____

Drop Off Route: _____ Stop: _____ Time: _____

Transportation Company: _____

Previous School Attended: _____

Address: _____
 Street City Province/State Country

Previous Board Attended: _____

Student Identification Through IPRC: Yes No Student has an IEP: Yes No

Language of Instruction: _____ Departure Date: _____

Last Grade Attended: _____ Reason for Transfer: _____

PARENT/GUARDIAN Information:

Student Name: _____

Name: _____			Male <input type="checkbox"/> Female <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname		
Relationship to Student: _____		Place of Employment: _____		
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		School Closure Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Home Phone Number: _____		Business Phone Number: _____ Ext: _____		
Cell Phone Number: _____		E-mail Address: _____		
Address if Different from Student: _____				
Number/Street		Unit #	City/Township	Postal Code

Name: _____			Male <input type="checkbox"/> Female <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname		
Relationship to Student: _____		Place of Employment: _____		
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		School Closure Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Home Phone Number: _____		Business Phone Number: _____ Ext: _____		
Cell Phone Number: _____		E-mail Address: _____		
Address if Different from Student: _____				
Number/Street		Unit #	City/Township	Postal Code

Emergency Contact Information (Other than Parent/Guardian):

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

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

"Student personal information is collected during registration and while attending school pursuant to the Education Act. 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. Questions about the information collected on this form should be directed to the principal of the school."

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

Parent/Guardian Signature: _____ Date: _____