



SMITHS FALLS DISTRICT COLLEGIATE INSTITUTE STUDENT REGISTRATION FORM



STUDENT INFORMATION

FOR OFFICE USE ONLY

Administration Authorization _____	OSR Ordered _____	OSR Received _____
Date of Admission to SFDCI: _____	Grade Placement: _____	UCDSB Pupil No: _____
Birth Certificate ____ (Y/N)	Immunization Record ____ (Y/N)	Student IEP: ____ (Y/N) OEN #: _____

Legal Last Name: _____ Legal First Name: _____ Gender: ____ (M/F)

Usual Last Name: _____ Preferred First Name: _____ Birthdate: _____
(M/D/Y)

Middle Name: _____ Third Name: _____

City of Birth: _____ Province/State of Birth: _____ Country of Birth: _____

Previous School: _____ Previous School Board: _____

PROPERTY ADDRESS

R R No: _____ Street No: _____ Street Name: _____ Apt # _____

Municipality: _____ Postal Code: _____

Home Phone No: _____ Unlisted ____ (Y/N)

MAILING ADDRESS

Same As Above: ____ (Y/N)

R R No: _____ P.O. Box No: _____ Street No: _____ Street Name: _____ Apt # _____

Town: _____ Postal Code: _____

ALTERNATE ADDRESS (only if student will be taking a bus to/from other than property address above.)

Please contact STEO to arrange this transportation

Contact Name: _____ Relationship to Student: _____ Phone No: _____

R R No: _____ Street No: _____ Street Name: _____ Apt # _____

Municipality: _____ Postal Code: _____

IMMIGRATION INFORMATION

Immigration Status: Student Visa Other Visa Permanent Resident Canadian Citizen Refugee Status

Entry to Ontario Date: _____ Entry to Canada Date: _____ Fee Paying Student: ____ (Y/N)

Country of Birth: _____ Citizen of _____

Language spoken at home: _____ VISA Expiration Date _____

MEDICAL INFORMATION

Allergies: _____ Life Threatening: ____ (Y/N)

Health Conditions: _____ Life Threatening: ____ (Y/N)

Medications: _____

Other Information: _____

PARENT/GUARDIAN INFORMATION

Student Lives With: _____ Who Has Legal Custody: _____ Court Order Provided: ____ (Y/N)
(documentation required if not joint custody)

(please complete information for both parents)

1. Relationship _____
Last Name _____
First Name _____
Living With Student ____ (Y/N)
Emergency Contact ____ (Y/N)
Address _____

Home Phone No _____
Place of Work _____
Work Phone No _____
Available at Work ____ (Y/N)
Cell Phone No. _____
Fax No. _____
Pager No. _____
E-mail Address _____

2. Relationship _____
Last Name _____
First Name _____
Living With Student ____ (Y/N)
Emergency Contact ____ (Y/N)
Address _____

Home Phone No _____
Place of Work _____
Work Phone No _____
Available at Work ____ (Y/N)
Cell Phone No. _____
Fax No. _____
Pager No. _____
E-mail Address _____

EMERGENCY CONTACT INFORMATION (to be used if parents/guardian contacts above are unavailable)

1. Full Name: _____
Relationship: _____
Home Phone No. _____
Work Phone: _____
Cell Phone No: _____
Allow To Pick Up ____ (Y/N)

2. Full Name: _____
Relationship: _____
Home Phone No. _____
Work Phone: _____
Cell Phone No: _____
Allow To Pick Up ____ (Y/N)

ABORINGINAL VOLUTARY SELF IDENTIFICATION

____ Metis ____ First Nations ____ Inuit

SIBLING INFORMATION

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>	<u>Gender</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

I verify that the information on this form is true and correct. I 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 consent to forward any or all of this information to School Board Officials or the School Nurse. The information collected in this document is collected under the authorities of the Education Act of the Province of Ontario.

I certify that I have been informed that an Ontario Student Record is on file at the school and that I have access to the information therein.

Parent/Guardian Signature

Date