



Kawartha Pine Ridge District School Board

STUDENT REGISTRATION FORM

CONFIDENTIAL

Centre for Individual Studies

Start Date: []

School For: Young Moms [] CIS [] Correspondence [] CTDC - Adult for Credit []
Literacy/Numeracy Non-Credit [] Plar []

International Language - Secondary: _____

International Language - Elementary: _____

Last Name (Legal) First Name (Legal) Middle Name (Legal)

Last Name (Preferred) First Name (Preferred) Maiden/Former Name

Male [] Female [] Date of Birth: ___/___/___ (Year/Month/Day) Current Grade _____

OEN: _____ Years in Secondary School _____

Name of school currently or most recently attended: _____ Year _____

City: _____ Province _____ School Phone Number: (____) _____ - _____

Do you have an Individual Education Plan (IEP)? Yes [] No []

Not to be entered into Trillium. Pass this information to Resource Staff.

Are you currently under suspension and/or expelled from a school and/or board? Yes [] No []

Have you ever attended a Kawartha Pine Ridge District School? Yes [] No []

If yes, what school? _____

Diploma/Certificate Type _____

Do you plan to graduate this year? Yes [] No []

Will you be applying to College? Yes [] No []

Will you be applying to University? Yes [] No []

Have you passed the Literacy test? Yes [] No []

If yes, School _____ Year _____

Have you completed your community hours? Yes [] No []

If yes, have you handed them in to a school? What school? _____

Are there any outside agencies or parties that you wish us to communicate with? Yes [] No []

If yes, please list the agency and the contact person. _____

Student Information

Medical

Health Problems: are there restrictions which may affect school work or physical activity? Yes No

If **YES**, give details _____

Describe below, any significant health factors: _____ **Life Threatening**

Yes No

Yes No

Country of Citizenship to be completed for ALL students:

Legal Documents Verified: Yes No

ESL/ELD Confirmation Form Completed:
Yes No

Copies to be forwarded to Manager, School Business Operations

Birth Country _____ Province of Birth _____ Country of Last Residence _____
(if born in Canada) (only if other than Canada)

Status in Country (Canada)

Canadian Citizen Landed Immigrant Student Visa Other Visa Refugee

Arrival Date in Canada: _____ Arrival Date in Ontario: _____
(if country of birth is other than Canada)

Language Information

First Language: _____ Language(s) spoken at home: _____
Other Languages: _____

Residency

Are you a Non-First Nation (Non-Native) student living on a Reserve?

Yes No

If Yes, fees **MUST** be paid by parent/guardian prior to entry.
Contact Financial Services at extension 2061 for information.

If the student is part of a tuition agreement, please check appropriate box:

Alderville Curve Lake Hiawatha

**VOLUNTARY NATIVE, MÉTIS and INUIT
SELF-IDENTIFICATION**

All parents/guardians of aboriginal students, and students where they are 18 years or older, have the right to voluntarily self-identify. By self-identifying, you help us to monitor the success of the programs and services we offer, and identify ways we can support aboriginal students so that they meet with success. (Please see Board Policy No. ES-3.13, First Nation, Métis, and Inuit Voluntary Self-Identification, for additional information.)

If the student is considered to be of Aboriginal ancestry, please check appropriate box:

First Nation (Status or Non-Status) Métis Inuit

Address	Student Home Address <div style="float: right; border: 1px solid black; padding: 2px;"> <i>Proof of Address Received:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <p>I am under 18 years of age and live independently. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Number _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____</p> <p>City/Town _____ Township _____ Emergency 911 # _____</p> <p>Province _____ Postal Code _____ Home Phone Number: (____) ____ - ____ Unlisted</p> <p>E-mail Address _____ Cell Phone Number: (____) ____ - ____</p>
	Student Mailing Address (if different from home address) <p>Number _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____</p> <p>Rural Route No. _____ Post Office Box No. _____</p> <p>City/Town _____ Province _____ Postal Code _____</p>
CONTACT INFORMATION: Please complete ALL applicable boxes. Legal documentation must be provided if NO Access is selected for a parent/guardian listed. Complete Contact priority based on the <u>order</u> to be notified in the case of an emergency or school closure. Do not give more than one contact the same priority number. Each student must have a Priority 1 contact. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <i>Legal Documents Received:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>	
1st Contact Person	<p>Last Name _____ First Name _____</p> <p>Relationship _____ Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Access to student <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Access to Records <input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language <input type="checkbox"/></p> <p>Circle: Emergency Priority: 1 2 3 4 Circle: School Closure Priority: 1 2 3 4</p> <p>Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ E-mail _____</p> <p>Place of Employment: _____ Business Phone: (____) ____ - ____ ext. _____</p> <p>Home Address (complete ONLY if different from student)</p> <p>Number _____ Street _____ Apt. No. _____ Unit No. _____ 911# _____</p> <p>RR# _____ PO Box _____ City/Town _____ Prov. _____ Postal Code _____</p>
	<p>Last Name _____ First Name _____</p> <p>Relationship _____ Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Access to student <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Access to Records <input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language <input type="checkbox"/></p> <p>Circle: Emergency Priority: 1 2 3 4 Circle: School Closure Priority: 1 2 3 4</p> <p>Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ E-mail _____</p> <p>Place of Employment: _____ Business Phone: (____) ____ - ____ ext. _____</p> <p>Home Address (complete ONLY if different from student)</p> <p>Number _____ Street _____ Apt. No. _____ Unit No. _____ 911# _____</p> <p>RR# _____ PO Box _____ City/Town _____ Prov. _____ Postal Code _____</p>
2nd Contact Person	<p>Last Name _____ First Name _____</p> <p>Relationship _____ Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Access to student <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Access to Records <input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language <input type="checkbox"/></p> <p>Circle: Emergency Priority: 1 2 3 4 Circle: School Closure Priority: 1 2 3 4</p> <p>Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ E-mail _____</p> <p>Place of Employment: _____ Business Phone: (____) ____ - ____ ext. _____</p> <p>Home Address (complete ONLY if different from student)</p> <p>Number _____ Street _____ Apt. No. _____ Unit No. _____ 911# _____</p> <p>RR# _____ PO Box _____ City/Town _____ Prov. _____ Postal Code _____</p>
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Information Release

Information Release

1. I give permission for my photograph, art work, articles and school projects to be included in items such as the following : School Newsletter, School/Teacher website, School board website, School board publications, School Yearbook, and Video Conferencing
Yes No

2. I give permission to participate in videoconferencing with other schools and educational partners. I understand that some sessions may be recorded.
Yes No

3. I give permission for the news media to interview, publish or broadcast photos or videos of me, and/or publicize my school work.
Yes No

4. I give permission for my name and phone number to be shared with a phone committee so that I can be informed of early dismissal, student events and other school related activities.
Yes No

5. Teachers may wish to take a class on walking trips in the area of the school. Teachers carefully plan and supervise these walking trips, so that they are appropriate for the students' age and grade level.
Yes No

Comments

Student personal information is collected during registration and while attending school pursuant to the Education Act. It will be used for planning, administration, programming, for the provision of continued education, 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, provision of transportation, medical care, child care and accident information to the board's insurer. On-line digital tools and resources will be used in accordance with Kawartha Pine Ridge District School Board's roles, responsibilities, guidelines and the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) legislation for the purpose of education. Questions about the information collected on this form should be directed to the Principal of the school.

I understand that it is my responsibility to immediately advise the school of any changes in any of the information stated on this form.

I hereby certify that the above information is accurate to the best of my knowledge.

_____ **Date** _____ **Signature of Student**

_____ **Date** _____ **Signature (Parent or Guardian if applicable)**

_____ **Date** _____ **Signature (Principal)**

Office Use Only:

_____ **Track** _____ **Date of Entry** _____ **Student #** _____ **OEN#** _____ **Homeroom** _____ **English** _____ **French**

Proof of Birth: Baptismal Record Birth Certificate Immigration Papers Other _____

PLAR Yes No _____