



Student Registration Form

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

Legal Name: _____ Gender: Male: Female:
 Surname First Name Middle Name Date of Birth: _____

Preferred Name: _____
 Surname First Name Middle Name YYYY MMM DD

Siblings in This School: _____

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 Number: _____

Home Phone Number: _____ Listed Unlisted

Country of Birth: _____ Canadian Province of Birth: _____

Country Of Citizenship: _____ Arrival Date: _____ Expiry Date: _____

Status In Canada: _____ First Language: _____

Main Language at Home: _____ 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: _____ Version: _____ Immunization Record Provided: Yes No
 Medical Peril: Yes No

Medical Alert Information/Disability/Allergies: _____

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

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

Bus Transportation Required: Yes No

Pick Up Route: _____ Stop: _____ Time: _____

Transportation Company: _____

Drop Off Route: _____ Stop: _____ Time: _____

Transportation Company: _____

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:	_____		
Guardian:	<input type="checkbox"/>	Custody:	<input type="checkbox"/>	Lives with Student:	<input type="checkbox"/>
Access to Records:	<input type="checkbox"/>	Speaks School Language:	<input type="checkbox"/>	Receives Mail:	<input type="checkbox"/>
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:	_____		
Guardian:	<input type="checkbox"/>	Custody:	<input type="checkbox"/>	Lives with Student:	<input type="checkbox"/>
Access to Records:	<input type="checkbox"/>	Speaks School Language:	<input type="checkbox"/>	Receives Mail:	<input type="checkbox"/>
Address if Different from Student:	_____				
	Number/Street	Unit #	City/Township	Postal Code	

Emergency Contact Information:

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"/> Other: ___	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___		
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"/> Other: ___	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___		
Home Phone Number:	_____	Business Phone Number:	_____	Ext: _____	
Cell Phone Number:	_____	E-mail Address:	_____		

This information is collected pursuant to the School Board's responsibilities as set out in the Education Act and its regulations.

This information is collected for educational purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989.

This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually.

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: _____