

The Mission of the Dufferin-Peel Catholic District School Board, in partnership with the family and church, is to provide, in a responsible manner, a Catholic education which develops spiritual, intellectual, aesthetic, emotional, social, and physical capabilities of each individual to live fully today and to meet the challenges of the future, thus enriching the community

STUDENT PERSONAL INFORMATION PART 1

Legal Names: (Students are registered by their legal name which will be used on legal documents. The student's preferred name will be used at school.)

Surname: _____ First Name: _____ Middle Name: _____

Preferred Names: Same as Legal Names, or

Surname: _____ First Name: _____ Middle Name: _____

Gender: Female Male Birthdate: _____
Year Month Day

Previous school attended: _____ First day of entry to any school in Ontario: _____
Year Month Day

Previous School Board: _____

If the student is entering from outside of Ontario, please indicate name of _____
Territory/Province/Country

Does this student have sibling(s) in this District School Board? Yes No If yes: Elementary Secondary

If yes, provide full name(s): _____

Does this student have sibling(s) in another District School Board? Yes No

If yes, state name of District School Board: _____

This student is the: only eldest youngest in their family, at this school

Is this student Roman Catholic, or, in an Eastern Church in full communion with the Holy See of Rome? Yes No

Note: Students/Parents/Guardians registering at St. Sofia School must be baptized in the Byzantine Rite of the Roman Catholic Church

If yes, provide an original Roman Catholic Baptismal Certificate. **If no,** receive Sacramental Preparation Letter from school

If yes: Date of Baptism: _____ Church and City: _____
Year Month Day

If no, specify who is Catholic*: Mother Father Legal Guardian

***Note:** An original Roman Catholic Baptismal Certificate of one of the parents/guardians must be provided at the time of registration of the student.

Medical Condition(s)/Alert: _____

Custody Information

Who has legal custody? Both parents Father only Mother only Other _____

Are there any special arrangements pertaining to access/visitation? Yes No

If yes, then the most recent original Court Order to support custody must be provided (a verified copy to be stored in the OSR)

STUDENT PERSONAL INFORMATION PART 2

Student's Country of Birth: _____ If Canada, Province of Birth: _____

Arrival Date (into Canada): _____ Expiry Date (if applicable): _____
Year Month Day Year Month Day

If arrived within the past five years, complete the 'Confirmation of Pupil Eligibility . . .' form (GF008.1).

Status in Canada: (√ one) Canadian Citizen Permanent Resident Refugee
 Permanent Resident Pending Temporary Resident Parent on Work Permit
 International Student Parent on Study Permit Student on Study Permit

Country of Last Residence: _____ Country of Citizenship: _____

Note: If new to Ontario, please provide the school with a copy of the student's most recent Report Card.

ABORIGINAL STUDENT (Voluntary Self-Identification): For the purposes of supporting First Nation, Métis and Inuit student achievement objectives of Dufferin-Peel and the Ministry of Education, and of reporting student achievement to the Ministry of Education and the Education Quality and Accountability Office, I / we choose to voluntarily self-identify my/this child's ancestry as:

First Nations Inuit Métis First Nation Métis and Inuit Ancestry

STUDENT ADDRESS

Number _____ Street _____ Unit Type (e.g. Apt.) _____ Unit # _____
City _____ Postal Code _____ () _____ Phone # _____

Mailing Address (if different from above): _____

Proof of Residence Sources: _____
(e.g., property tax bill, current utility bill, real estate document, or Government of Canada issued forms)

Please indicate if this student: lives in a group home Yes No
Is enrolled in a Care, Treatment, Custody, Corrections (CTCC) program? Yes No

PARENTAL/GUARDIAN CONTACT INFORMATION

Emergency Priority (Circle one): 1 2 3 4 Separate School Supporter: Yes No Speaks English

Title _____ First Name _____ Last Name _____ Relationship to Student _____

Address: Same as student or _____

Home Phone: Same as student or () _____ Business Phone () _____ Ext. _____

Cell Phone: () _____ Alternate Phone: () _____

Emergency Priority (Circle one): 1 2 3 4 Separate School Supporter: Yes No Speaks English

Title _____ First Name _____ Last Name _____ Relationship to Student _____

Address: Same as student or _____

Home Phone: Same as student or () _____ Business Phone: () _____ Ext. _____

Cell Phone: () _____ Alternate Phone: () _____ Ext. _____

Caregiver Contact: (Complete this section if child care is provided at a different address from the student's.)

Emergency Priority (Circle one): 1 2 3 4 Gender: Female Male Speaks English

Name of Caregiver **Or** Title First Name Last Name

Caregiver Address: _____
Relationship to Student

Phone: (____) _____ Alternate Phone: (____) _____

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Emergency Contact (other than parent/guardian/caregiver):

Emergency Priority (Circle one): 1 2 3 4 Gender: Female Male Speaks English

Title First Name Last Name Relationship to Student

Address: Same as student or _____

Home Phone: Same as student or (____) _____ Business Phone: (____) _____ Ext. _____

Cell Phone: (____) _____

ADDITIONAL INFORMATION

Language(s) spoken by student:

_____ First Language Spoken at Home Remark: _____
_____ First Language Spoken at Home Remark: _____

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Special Education:

Does student have special education/diverse learning needs? Yes No

Does student have specialized equipment? Yes No SEA Yes No

In your previous school/board, was this student involved in special education programs and/or services? Yes No

Does this student have an Individual Education Plan (IEP)? Yes No

Has this student been identified as an exceptional student, through the Identification Placement Review Committee (IPRC)?
 Yes No

If yes, date of most recent IPRC review, as appropriate: _____

Is the student's transition plan attached to the IEP? Yes No

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English Language Learners (ELL)

In your previous school/board, did this student receive ESL/ELD services? Yes No

SAFE SCHOOLS

Suspension/Expulsion

1. Is the student being registered currently serving a suspension? Yes No
2. Is the student being registered currently participating in a program for suspended students? Yes No
3. Is the student being registered expelled from any school and, if yes, have they successfully completed a program for expelled students? _____ Yes No

CANADA'S ANTI-SPAM LAW CONSENT

Under Canada's Anti-Spam law (CASL) the Dufferin-Peel Catholic District School Board requires your consent to send you electronic messages about commercial activities. While much of our email communication is about school, school council or Board news and activities, we may also send electronic messages of a commercial nature. This would include newsletters and other communications about such things as field trips, yearbooks, uniforms, school pictures, fundraising activities and events, food and drink purchases, books, prom or dance tickets, sporting/athletic events or similar events and offers.

If you wish to receive the above electronic communications from us, please provide your email address below. Your consent remains in effect as long as the student attends a DPCDSB school unless you withdraw it. If you have any questions, or wish to revoke your consent at any time please contact your school principal.

Signature of Parent/Guardian: _____ Email Address: _____

SIGNATURES

PLEASE NOTE: Falsifying information on this form may rescind the admission to this elementary school

Signature of Parent/Guardian: _____ Date: _____

Signature of Principal/Designate: _____ Date: _____

Personal information collected shall be used to establish and/or maintain the student's Ontario Student Record (OSR) for the provision of educational services and to administer health and/or medical emergency responses to the student as required. In keeping with the requirements of the *Education Act*, the OSR and other information required to establish an appropriate program for the student shall be requested from the student's former school.

Information is collected under the authority of the *Education Act*, R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); *Sabrina's Law*, 2005, S.O. 2005, c. 7 and *Ryan's Law (Ensuring Asthma Friendly Schools)*, 2015, S.O. 2015, C. 3 in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Any questions regarding information collected, may be directed to the school principal or to the Records Management and Access & Privacy Administrator, 40 Matheson Blvd West, Mississauga, ON L5R 1C5 (905) 890-1221 ext. 24443

Office use only

School: _____ **Grade:** _____ **Teacher:** _____ **Start date:** _____

Documents to be filed in the OSR:

- | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Newcomer Reception Report | <input type="checkbox"/> P.E.D.S. (Personal Electronic Device) Agreement |
| <input type="checkbox"/> Application for Direction of School Support/Lease | <input type="checkbox"/> IPRC Documentation |
| <input type="checkbox"/> Baptismal Certificate of Student | <input type="checkbox"/> IEP Documentation |
| <input type="checkbox"/> Baptismal Certificate of Parent/Guardian (if applicable) | <input type="checkbox"/> Medication Forms |
| <input type="checkbox"/> Confirmation of Pupil Eligibility (GF008.1) | <input type="checkbox"/> Flex Boundary Documentation |
| <input type="checkbox"/> Registration form | <input type="checkbox"/> Network User Agreement |
| <input type="checkbox"/> Copy of most recent Custody Order if applicable (original document to be viewed and verified) | |

Original documents to be viewed and verified but not filed in the OSR

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Citizenship/Immigration/Intl. Student Verification |
| <input type="checkbox"/> Immunization Certificate or Statement of Medical Exemption (copy only sent to Peel or Wellington-Dufferin-Guelph Public Health) | |
| <input type="checkbox"/> Proof of Residence Sources: _____
(e.g., property tax bill, current utility bill, real estate document, or Government of Canada issued forms) | |

Office Signature _____