



Student #:	OEN:
Teacher:	Admit Date:

**Elementary Student Registration Form**

Information on this form will be used for home/school communications, planning and programming such as transportation, and to establish the Ontario Student Record.

**Student Information**

Legal Name - Family Name, First Name and Middle Name

Preferred Name - Last Name, First Name

Date of Birth: (yyyy/mm/dd)	Siblings at This School: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____
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Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade	Name:
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#/Street	Unit #	City/Town
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P.O. Box or RR#	Township	Postal Code	Home Phone #	Unlisted <input type="checkbox"/>
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Medical Alert Information/ Disability/Allergies:	carries epi-pen <input type="checkbox"/> Yes <input type="checkbox"/> No
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Country of Birth:	Country of Last Residence:
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Province of Birth:	Arrival Date:
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Country of Citizenship:	Status In Canada:
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First Language:	Language(s) Spoken at Home:
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Main Language Spoken at Home:	Does child attend Daycare Program : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A.M./ <input type="checkbox"/> P.M.
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Name of Daycare:
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If the student is considered to be of Indigenous ancestry, please check all categories that apply:	
<input type="checkbox"/> First Nation	<input type="checkbox"/> Métis <input type="checkbox"/> Inuit

**Parent/Guardian Information #1**

Name - Last Name, First Name:

Relationship to Student:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salutation:
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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"/>
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Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	Lives with Student: <input type="checkbox"/>	Special Custody: <input type="checkbox"/>
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Access to Records: <input type="checkbox"/>	Speaks School Language: <input type="checkbox"/>	Receives Mail: <input type="checkbox"/>
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Home Phone #	Business Phone #	ext.
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Cell Phone #	Email address
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Address (if different from student) #/Street:

City/Town	Unit #	P.O. Box/RR#:	Township:	Postal Code:
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**Parent/Guardian Information #2**

Name - Last Name, First Name:

Relationship to Student:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salutation:
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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"/>
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Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	Lives with Student: <input type="checkbox"/>	Special Custody: <input type="checkbox"/>
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Access to Records: <input type="checkbox"/>	Speaks School Language: <input type="checkbox"/>	Receives Mail: <input type="checkbox"/>
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Home Phone #	Business Phone #	ext.
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Cell Phone #	Email address
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Address (if different from student) #/Street:

City/Town	Unit #	P.O. Box or RR#	Township	Postal Code
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**Emergency Contact Information (other than Parent)**

Name - Last Name, First Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Student:	Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Home Phone #	School Closure Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Business Phone #	Cell Phone #	

**Educational Background**

Previous School Attended:			
Address #/Street:			
City:	Province/State:	Country:	Postal Code:
Previous Board Attended:			
Departure Date:		Last Grade Attended:	
Home School (if attending on a transfer):			
Transfer Reason:		First Entry into Elementary School (yyyy/mm/dd)	
Has your child previously received ESL Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been SEA claim for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Has your child previously received Special Education Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Student Identification Through IPRC <input type="checkbox"/> Yes <input type="checkbox"/> No		Student has an IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever been expelled from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, was the student re-admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this student currently under suspension from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of School:	

**Canada's Anti-Spam Legislation (CASL) Important Information to Parents/Guardians**

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, lunch programs, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets and athletic events where a financial transaction is required.

Do you consent to receive electronic messages of this nature?  Yes  No

**Note: You will continue to receive emails on all other school matters.**

**Notice to Parents/Guardians**

Personal information is collected at registration pursuant to the *Education Act and the Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this personal information should be directed to the Privacy Office, York Region District School Board, 60 Wellington Street West, Box 40, Aurora, Ontario L4G 3H2 or (905) 727-3141, Extension 2015.

I hereby certify that the above information contained on this form is accurate

Signed (Parent/Guardian)	(Print Parent/Guardian Name)	Date
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**Note: The 'Required Documentation' form MUST be signed and attached to this Registration Form then filed in the OSR and remains until 5 years post retirement for Ministry audit purposes. If student leaves YRDSB, it is removed before the OSR is sent. ONLY the proof of birth document is to be copied and retained until the OEN verification takes place, after which it must be DESTROYED. NO OTHER identity documents are to be copied and filed.**

<b>Office Use Only</b>			
<b>Elementary and Secondary Registration - Required Documentation</b>			
Program:	Admit Date:	Admit Code:	
Bussing Required: <input type="checkbox"/> Y <input type="checkbox"/> N			
OSR Status:	Requested Date:	Received Date:	
OEN Status:	Requested Date:	Received Date:	
<b>Note: Birth Verification Documents can be copied for future OEN verification. Once that occurs the record MUST be destroyed.</b>			
Check appropriate boxes below then verify accuracy by completing the <b>Sign Off</b> section at the bottom of the document.			
<b>School Records</b>			
<input type="checkbox"/> Transcript	<input type="checkbox"/> Most Recent Report Card	<input type="checkbox"/> OSSLT	<input type="checkbox"/> Community Involvement Hours Completed _____
<b>Birth Verification</b>			
<input type="checkbox"/> Birth Certificate/Statement of Live Birth/Birth Registration	<input type="checkbox"/> Passport		
<input type="checkbox"/> Refugee Claimant Form (IMM 1442)	<input type="checkbox"/> Citizenship Card		
<input type="checkbox"/> Permanent Resident Card (PRC) (Maple Leaf Card)	<input type="checkbox"/> Record of Landing (IMM 1000)		
<input type="checkbox"/> Confirmation of Permanent Residence (IMM 5292)	<input type="checkbox"/> Certificate of Indian Affairs		
<input type="checkbox"/> Baptismal Certificate			
<b>Proof of Residency</b>			
<input type="checkbox"/> Tax Bill	Tax Roll # _____	<input type="checkbox"/> Lease	<input type="checkbox"/> Rental Agreement
<input type="checkbox"/> Proof of Purchase		<input type="checkbox"/> Letter of Residency	<input type="checkbox"/> Bank Statement
<b>Citizenship and Immigrations Papers</b>		<b>Permit</b>	
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Fee Paying	Expiry Date _____	
<input type="checkbox"/> Refugee Documents		(yyyy\mm\dd)	
<input type="checkbox"/> Convention Refugee	<input type="checkbox"/> Study	Expiry Date _____	
<input type="checkbox"/> Visitor Card		(yyyy\mm\dd)	
(Fee Paying)	<input type="checkbox"/> Work	Expiry Date _____	
		(yyyy\mm\dd)	
<b>Special Custody or Guardianship</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> Copy filed in OSR			
<b>Tax Support</b>			
<input type="checkbox"/> Public <input type="checkbox"/> Separate	<input type="checkbox"/> Direction of School Support Form completed and filed in OSR.	<input type="checkbox"/> Permission to Attend Form	
<b>ESL/ELD and Special Education</b>			
ESL/ELD Status: _____	Special Education: _____	Alternative Program	<input type="checkbox"/> Yes
Level: _____	ISA Claim (Circle Level) 1 2 3 4	French Immersion	<input type="checkbox"/> Yes
	Student has IEP: <input type="checkbox"/> Yes		
<b>Sign Off - This form is to be completed and attached to the Registration Form.</b>			
Documentation Verified by: _____		Date: _____	
Registration Entered By: _____		Date: _____	