

Present School:		
Student No:		
OEN No:		
Admit Date:	Grade Entering	

Secondary 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.

PLEASE PRINT										
Student Information										
Has your child eve	Has your child ever attended a York Region District School Board school?							Yes 🗆	No 🗆	
If Yes, Name of Sci	hool :									
School Phone #:						School F	ax #:			
Legal Name - Family Name, First Name and Middle Name										
Preferred Name	W 100 -									
Student Email										
Date	of Birth		Ge	ender	Siblings at This School			Yes 🗆	No 🗆	
Year/Month/Day/			Female 🗆 N	∕lale □	Name:	Name:			Grade	
					Name		Grade			
Medical Alert Info	rmation/Disa	ability/Alle	ergies:			- 14-5	and the second			
Birth Verification □ Birth Certificate/Statement of Live Birth/Birth Registration □ Refugee Claimant Form (IMM 1442) □ Permanent Residence Card (PRC) (Maple Leaf Card) □ Citizenship Card □ Aboriginal Ancestry □ Confirmation of Permanent Residence (IMM 5292) □ Baptismal Certificate										
Street #	Street Name	9				Apt.#	City/Town	Province	Postal Code	
								ON		
P.O. Box or RR#	Township Home Phone # ()							Listed 🗖		
Tax Support □ Public □ Separate □ Direction of School Support Form Completed and filed in the OSR □ Permission to Attend form										
Language(s) Spoken										
First Language: Language(s) Spoken at Home:					ome:	Main Language Spoken at Home:				
Aboriginal Ancestry										
If the student is considered to be of Aboriginal ancestry and chooses to self-identify, please check all categories that apply:										
☐ First Nation				☐ First Nation - Tuition ☐ N			letis	☐ Inuit		

Status in Country Information									
Country of	Birth:		С	ountry	of Last	t Residence:			
Province of	Birth:	Date of First Entry Into Canada:							
Citizenship & Immigration Canada Documentation									
Country of (Citizenship:				Visa	a Expiry Date:		- H- Maria - M	
	Consideration of E	Permai ligibility (Co P	arent Work Pe Pass	Card Cermit Cecord Cugee) Cermit Cecord Cermit Cecord Cermit Cecord Cermit Cecord Cermit Cecord Ceco	Dat Dat Exp Dat Dat	te became a Permanent f te (back of card): piry Date: piry Date: te Stamped:	Resident: - - -		
8	Other (Please Spec	ify)			15	oiry Date:	_		
						te Stamped:	_		***
Color Color Color	1 (1) (1) (2) (2)		2 00 7 00 S000	. / _		te Signed/Stamped	yis in view	\$ 1.786.5747.	-02550000000000000000000000000000000000
Darent/Cua	rdian #1 Name - La	st Nama Fi		ent/Gu	iardiar	n Information		Male 🗆	Female 🗆
Parent/Gua	rdian #1 Name - La	st Name, Fi	ist Name					iviale 🗖	remale 🗖
Relationship	to Student:					Place of Employment			
Emergency Contact Priority: 1 🛛 2 🔻 3 🖵					School Closure Contact Priority: 1 🗆 2 🗆 3 🗆			3 🗆	
Home Phone Number:					Business Phone Number: Ext:			Ext:	
Cell Phone Number: E-mail Address:									
Guardian: (copy filed in	n OSR)	Custody: (Copy file	d in OSR)			Lives with Student:		Special Cust	ody: 🔲
Access to Re	Access to Records: Speaks School Language: Receives Mail:								
Parent/Gua	rdian #1 Address (i	f different	from student)			_			
Street #	Street Name				Apt.#	City/Town		Province ON	Postal Code
P.O. Box or	RR#	Township	Н	ome Pl	hone #	()		Listed 🗖	Unlisted 🗖
Parent/Guardian #2 Name - Last Name, First Name - Last Name, First Name Male □ Female □									
Relationship to Student:						Place of Employment			<u> </u>
Emergency Contact Priority: 1 1 2 1 3 1				School Closure Contact Priority: 1 2 2 3		13 🗖			
Home Phone Number:					Business Phone Number: Ext:			Ext:	
Cell Phone Number:					E-mail Address:				
Guardian: Custody:				Lives with Student:		Special Custody:			
Access to Re	ecords:	Speaks Sc	hool Language	e:		Receives Mail:			
Parent/Guardian #2 Address (if different from student)									
Street #	Street Name				Apt.#	City/Town		Province ON	Postal Code

P.O. Box or RR#	Town	ship	Home Phone	Listed 🗖	Unlisted 🗖				
	Emergency Contact Information (other than Parents)								
Emergency Contact	Name - Last Name	, First Name			Male 🗆	Female 🗆			
Relationship to Stud	ent:			Place of Employment					
Emergency Contact	Priority:	1 🗆 2 🗆	13 🗆	School Closure Contact Priority: 1 🗆 2 🗀 3 🗀					
Home Phone Number	er:		3573 444	Business Phone Number:	Business Phone Number: Ext:				
Cell Phone Number:				E-mail Address:	E-mail Address:				
Emergency Contact	Name - Last Name	, First Name			Male 🗖	Female 🗖			
Relationship to Stud	ent:			Place of Employment	Place of Employment				
Emergency Contact	Priority:	1 🗆 2 🗆	13 🗆	School Closure Contact Priority:	1 🗆 2 🖸	3 🗆			
Home Phone Numbe	er:			Business Phone Number: Ext:					
Cell Phone Number:	2			E-mail Address:					
			Educationa	l Background					
Has your child ever been expelled from Yes ☐ No I another school?			No 🗆	If yes, was the student re-admitted?	Yes 🗖	No 🗆			
Is this student currently under suspension from any school?				If Yes, Name of School:					
Address:									
Phone # ()			School Bo	ard:					
If No, Previous School Attended:									
Address:									
Phone # ()			School Bo	ard:					
Date Last Attended Previous School: # of Years/Months in Secondary School:									
(Year) (Month) (Day)			# of Years/Months out of Secondary School:						
Grade:	Graduated Yes No Credits Earned to Date:								
Language of Instruct	ion:			Departure Date:					
First Entry into Secondary School: (YYYY/MM/DD)				Last Grade Attended: (YYYY/MM/DD)					

Home School (if atter	iding on a transfer)		Transfer Reason:	Transfer Reason:				
Special Program Request			Additional Requirements for Ontario Secondary School Diploma					
ESL/ELD Support Yes □			Community Involvement Hours Accumu	ulated to Date:				
Special Education Sup	port	Yes 🗖	Grade 10 Ontario Secondary School Lite	eracy Test (OSSLT):				
Alternative Program		Yes 🗖	Successfully Completed	No 🗖				
French Immersion Pro	ogram	Yes 🗆	Post Secondary Planned Destination	☐ Work	☐ College			
Student Identification	Through IPRC	Yes □ No □	□University	☐ Vocation	al Training			
Student has an IEP (Ir	ndependent	Yes 🗆	☐ Apprenticeship					
Education Plan):		No 🗖						
Proof of Residency	☐ Tax Bill ☐ Proof of Purch ☐ Rental Agreem		□ Lease□ Land Deed□ Letter of Residency□ Other (Please Specify)	☐ Land Deed ☐ Letter of Residency				
School Records	☐ Transcript		Most Recent Report Card					
	□ OSSLT	L	Community Involvement Hours Complet	ed				
			Notice to Parents		Maria Maria - 11 as 1			
Personal information	is collected at regi	stration under	the authority of the Education Act and v	will be used for plann	ing and			
			to establish the Ontario Student Record.					
		mications and	to establish the Ontario student Record.	Direct any questions	about this form			
to the school principa	al.							
For more information	n about the admiss	ions policy go	to <u>www.yrdsb.edu.on.ca</u>					
TTY [enter number h	ere] for persons wh	no are deaf or	hard of hearing					
			rate to the best of my knowledge.					
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,					
Signature of Parent/	Guardian Or of stu	dent who is ag	ged 18 or if aged 16/17 and has	Deta	and the second s			
been granted power				Date				
Printed Name of Pare	ent/Guardian:							
*** The R	egistration form is	retained in the	student's OSR by the registering school for	or 5 years (post-retire	ment).			
			For Office Use Only					
ra (tip c. 1			Special Education					
ESL/ELD Code:			Special Education:					
Level:			Counsellor Code:					
Counsellor Code:			ISA Claim (Circle Level): 1 2 3 4					
Documentation Verif	ied By:		Date:	Date:				
Registration Entered	By:		Date:	Date:				