



OEN#:	Grade:
Teacher:	Admit Date:

### 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

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: _____	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade	Name: _____	
#/Street		Unit #	City/Town
P.O. Box or RR#	Township	Postal Code	
Home Phone #		Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Country of Birth: _____		Country of Last Residence: _____	
Province of Birth: _____		Arrival Date: _____	
Country of Citizenship: _____		Reentry into Ontario Date: _____	
Status In Canada: _____		First Language: _____	
Main Language Spoken at Home: _____			
If the student is considered to be of Aboriginal ancestry, please check all categories that apply:			
First Nation <input type="checkbox"/>		Métis <input type="checkbox"/>	Inuit <input type="checkbox"/>
Medical Alert Information/Disability/Allergies: _____			
Student Identification Through IPRC Yes <input type="checkbox"/> No <input type="checkbox"/>		Student has an IEP Yes <input type="checkbox"/> No <input type="checkbox"/>	

#### Parent/Guardian Information #1

Name - Last Name, First Name:			
Relationship to Student:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salutation:
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"/>	
Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	Lives with Student: <input type="checkbox"/>	Special Custody: <input type="checkbox"/>
Access to Records: <input type="checkbox"/>	Speaks School Language: <input type="checkbox"/>	Receives Mail: <input type="checkbox"/>	
Home Phone #	Business Phone #	ext.	
Cell Phone #	E-mail Address:		
Address (if different from student) #/Street:			
Unit #	City/Town	P.O. Box or RR#	Township Postal Code

**Parent/Guardian Information #2**

Name - Last Name, First Name:

Relationship to Student: Gender  M  F Salutation:

Emergency Contact Priority: 1  2  3  School Closure Contact Priority: 1  2  3

Guardian:  Custody:  Lives with Student:  Special Custody:

Access to Records:  Speaks School Language:  Receives Mail:

Home Phone # Business Phone # ext.

Cell Phone # E-mail Address:

Address (if different from student) #/Street:

Unit # City/Town P.O. Box or RR# Township Postal Code

**Emergency Contact Information**

Name - Last Name, First Name Gender  M  F

Relationship to Student: Emergency Contact Priority: 1  2  3

Home Phone # School Closure Contact Priority: 1  2  3

Business Phone # Cell Phone #

E-mail Address:

**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 ever been expelled from another school? Yes  No  If yes, was the student re-admitted? Yes  No

Is this student currently under suspension from any school? Yes  No  If Yes, Name of School:

**Notice to Parents**

Personal information is collected at registration under the authority of the Education Act and will be used for planning and programming, home and school communications and to establish the Ontario Student Record. Direct any questions about this form to the school principal.

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

Signed (Parent/Guardian) Date:

Print Name (Parent/Guardian):

Note: The 'Required Documentation' form MUST be signed and attached to this Registration Form then filed in the OSR and remain until 5 years post retirement. pg.2

**Office Use Only**

**Elementary and Secondary Registration - Required Documentation**

Student Number:		OEN#:	
Track:	Grade:	Homeroom:	Register:
Program:	Admit Date:	Admit Code:	Status:
Pupil of the Board:		Funding Source:	
Bussing Required: <input type="checkbox"/> Y <input type="checkbox"/> N		Age Verification:	
OSR Status:	Requested Date:	Received Date:	
OEN Status:	Requested Date:	Received Date:	

**Note: Birth Verification Documents can be copied for future OEN verification. Once that occurs the record MUST be destroyed.**

Check appropriate boxes below then verify accuracy by completing the **Sign Off** section at the bottom of the document.

**School Records**

- Transcript                     
  Most Recent Report Card                     
  OSSLT                     
  Community Involvement Hours Completed \_\_\_\_\_

**Birth Verification**

- Birth Certificate/Statement of Live Birth/Birth Registration                     
  Passport  
 Refugee Claimant Form (IMM 1442)                     
  Citizenship Card  
 Permanent Resident Card (PRC) (Maple Leaf Card)                     
  Record of Landing (IMM 1000)  
 Confirmation of Permanent Residence (IMM 5292)                     
  Certificate of Indian Affairs  
 Baptismal Certificate

**Proof of Residency**

- Tax Bill                      Tax Roll # \_\_\_\_\_                     
  Lease                     
  Rental Agreement  
 Proof of Purchase                     
  Letter of Residency                     
  Bank Statement

**Citizenship and Immigrations Papers                      Permit**

**\*\*DO NOT COPY Document(s)\*\***

- |   |                                     |             |            |
|---|-------------------------------------|-------------|------------|
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Fee Paying | Expiry Date |            |
| <input type="checkbox"/> Refugee Documents  |                                     |             | (yyyymmdd) |
| <input type="checkbox"/> Convention Refugee | <input type="checkbox"/> Study      | Expiry Date |            |
| <input type="checkbox"/> Visitor Card       |                                     |             | (yyyymmdd) |
| (Fee Paying)                                | <input type="checkbox"/> Work       | Expiry Date |            |
|   |                                     |             | (yyyymmdd) |

**Custody or Guardianship**

- Yes                     
  Copy filed in OSR

**Tax Support**

- Public                     
  Separate                     
  Direction of School Support Form completed and filed in OSR.                     
  Permission to Attend Form

**ESL/ELD and Special Education**

- |              |                                  |             |                     |                              |
|--------------|----------------------------------|-------------|---------------------|------------------------------|
| ESL/ELD Code | Special Education:               | Student has | Alternative Program | <input type="checkbox"/> Yes |
| Level:       | ISA Claim (Circle Level) 1 2 3 4 | IEP:        | French Immersion    | <input type="checkbox"/> Yes |

**Sign Off - This form is to be completed and attached to the Registration Form.**

Documentation Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Registration Entered By: \_\_\_\_\_ Date: \_\_\_\_\_  
 BSID#: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Entry Code: \_\_\_\_\_