



## 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: _____	
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 # _____ Unlisted <input type="checkbox"/>

Medical Alert Information/  
Disability/Allergies:

Country of Birth:	Country of Last Residence:
Province of Birth:	Arrival Date:
Country of Citizenship:	Status In Canada:
First Language:	Language(s) Spoken at Home:
Main Language Spoken at Home:	Does child attend Daycare Program : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Both

If the student is considered to be of Aboriginal ancestry, please check all categories that apply: ☐ First Nation ☐ Métis ☐ Inuit

### 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 #		Email address		
Address (if different from student) #/Street:				
City/Town	Unit #	P.O. Box or RR#	Township	Postal Code

### Parent/Guardian Information #2

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 #		Email address		
Address (if different from student) #/Street:				
City/Town	Unit #	P.O. Box or RR#	Township	Postal Code

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 #	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 previously received ESL Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been an ISA 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Note: You will continue to receive emails on all other school matters.</b>			
Notice to Parents/Guardians			
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.			
I hereby certify that the above information contained on this form is accurate			
Signed (Parent/Guardian)		(Print Parent/Guardian Name)	Date
<b>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.</b>			

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:	
<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>	
<b>**DO NOT COPY Document(s)**</b>			
<input type="checkbox"/> Permanent Resident		<input type="checkbox"/> Fee Paying    Expiry Date _____ (yyyy\mm\dd)	
<input type="checkbox"/> Refugee Documents		<input type="checkbox"/> Study    Expiry Date _____ (yyyy\mm\dd)	
<input type="checkbox"/> Convention Refugee		<input type="checkbox"/> Work    Expiry Date _____ (yyyy\mm\dd)	
<input type="checkbox"/> Visitor Card    Expiry Date _____ (Fee Paying) _____ (yyyy\mm\dd)		<input type="checkbox"/> Work    Expiry Date _____ (yyyy\mm\dd)	
<b>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 Code _____	Special Education: _____		Alternative Program <input type="checkbox"/> Yes
Level: _____	ISA Claim (Circle Level)    1    2    3    4	Student has IEP: <input type="checkbox"/> Yes	French Immersion <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: _____	
BSID#:	Entry Date: _____	Entry Code: _____	