



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: _____	Reentry into Ontario Date: _____
Status In Canada: _____	First Language: _____
Language(s) Spoken at Home: _____	Main Language Spoken at Home: _____

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

Kindergarten Program: _____ Does your child attend a Daycare Program: Yes No If yes: A.M. P.M. Both

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 <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

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? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has there been an ISA claim for your child? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	
Has your child previously received Special Education Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>			
Student Identification Through IPRC Yes <input type="checkbox"/> No <input type="checkbox"/>		Student has an IEP Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has your child ever been expelled from another school? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, was the student re-admitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this student currently under suspension from any school? Yes <input type="checkbox"/> No <input type="checkbox"/>		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.

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

Signed (Parent/Guardian) (Print Parent/Guardian Name) _____ Date

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.

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			
<input type="checkbox"/> Transcript	<input type="checkbox"/> Most Recent Report Card	<input type="checkbox"/> OSSLT	<input type="checkbox"/> Community Involvement Hours Completed _____
Birth Verification			
<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			
Proof of Residency			
<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
Citizenship and Immigrations Papers		Permit	
DO NOT COPY Document(s)			
<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 (Fee Paying)	Expiry Date (yyyy\mm\dd)		
Custody or Guardianship			
<input type="checkbox"/> Yes	<input type="checkbox"/> Copy filed in OSR		
Tax Support			
<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	
ESL/ELD and Special Education			
ESL/ELD Code	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		
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:	_____