



Student Registration Form

Office Use Only		
School:		
Student Number:	OEN:	
Ministry Number:	Grade:	
Track:	Homeroom:	
International Language:	Program:	
Admit Date:	Register:	
Pupil of the Board:	Admit Code:	
Funding Source:	Age Verification:	
OSR Status: Requested	Received	Date:

Legal Name: _____ Gender: Male: Female:
 Surname First Name Middle Name Date of Birth: _____

Preferred Name: _____
 Surname First Name Middle Name YYYY MMM DD

Siblings in This School: _____

Aboriginal self-identification is completely voluntary and does not require proof. Parents/guardians and students 18 years of age and older are entitled to remove the identification at any time upon written request.

Aboriginal ID: First Nation Inuit Métis

Home Address: _____
 Number/Street Unit # City/Township Postal Code
 Additional Info/Residence Location: _____

Mailing Address: _____
 Number/Street Unit # City/Township Postal Code
 Additional Info/Residence Location: _____

Post Office Box: _____ 911 (Civic) Number: _____

Home Phone Number: _____ Listed Unlisted

Country of Birth: _____ Canadian Province of Birth: _____

Country Of Citizenship: _____ Arrival Date: _____

Status In Canada: _____ Expiry Date: _____

Mother Tongue: _____ Language(s) Spoken at Home: _____

Previous School Attended: _____

Address: _____
 Street City Province/State Country

Previous Board Attended: _____

Language of Instruction: _____ Departure Date: _____

Last Grade Attended: _____ Reason for Transfer: _____

Health Card Number: _____ Version: _____ Immunization Record Provided: Yes No
 (optional) Medical Peril (Life Threatening): Yes No
 Child Carries EpiPen: Yes No

Medical Alert Information/Disability/Allergies: _____

Doctor's Name: _____ Telephone Number: _____ Ext: _____

Special Learning Needs: Identification through IPRC: Yes No
 Student has an IEP: Yes No

Parent/Guardian Information:

Student Name: _____

Name: _____		Male: <input type="checkbox"/>		Female: <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____	Place of Employment:	_____		
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"/>		
Home Phone Number:	_____	Business Phone Number:	_____	Ext: _____	
Cell Phone Number:	_____	E-mail Address:	_____		
Guardian:	<input type="checkbox"/>	Custody:	<input type="checkbox"/>	Lives with Student:	<input type="checkbox"/>
Access to Records:	<input type="checkbox"/>	Speaks School Language:	<input type="checkbox"/>	Receives Mail:	<input type="checkbox"/>
Address if Different from Student:	_____				
	Number/Street	Unit #	City/Township	Postal Code	

Name: _____		Male: <input type="checkbox"/>		Female: <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____	Place of Employment:	_____		
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"/>		
Home Phone Number:	_____	Business Phone Number:	_____	Ext: _____	
Cell Phone Number:	_____	E-mail Address:	_____		
Guardian:	<input type="checkbox"/>	Custody:	<input type="checkbox"/>	Lives with Student:	<input type="checkbox"/>
Access to Records:	<input type="checkbox"/>	Speaks School Language:	<input type="checkbox"/>	Receives Mail:	<input type="checkbox"/>
Address if Different from Student:	_____				
	Number/Street	Unit #	City/Township	Postal Code	

Emergency Contact Information:

Name: _____		Male: <input type="checkbox"/>		Female: <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____	Place of Employment:	_____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: _____	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: _____		
Home Phone Number:	_____	Business Phone Number:	_____	Ext: _____	
Cell Phone Number:	_____	E-mail Address:	_____		

Name: _____		Male: <input type="checkbox"/>		Female: <input type="checkbox"/>	
Mr./Mrs.	First Name	Surname			
Relationship to Student:	_____	Place of Employment:	_____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: _____	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: _____		
Home Phone Number:	_____	Business Phone Number:	_____	Ext: _____	
Cell Phone Number:	_____	E-mail Address:	_____		

The personal information on this form is being collected under the authority of the Education Act, R.S.O. as amended and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. This information will be used for the purpose of establishing a student record and for necessary statistical purposes. Opportunities will be provided to update this information annually.

Ontario Law states that the Health Unit must know your child's immunization status. The Ontario Health Card number is being requested to facilitate in the event of a medical emergency.

Any questions with respect to this information should be directed to the Principal of the school in which the student is applying/registered.

I certify that the information provided on this form is accurate.

Parent/Guardian Signature: _____ Date: _____