

Country of Last Residence

STUDENT REGISTRATION FORM

School Name: FOR OFFICE USE ONLY Date of Entry Homeroom ___ Grade_____ ESL Home School OEN Number STUDENT INFORMATION Legal Surname _____ Middle Name _____ Middle Name Preferred First Name ____ Preferred Surname Date of Birth _____/ ____ Gender Male D Female D Other D (Year/month/day) Date of Birth Verification (Please check one of the following) Baptismal Record 🔲 Birth Certificate 🗆 Birth Registration 🗅 Immigration Document 🗅 Passport 🗅 Verification of Documentation for School Registration (From Welcome Centre) Language(s) Spoken in the Home — First Language PREVIOUS SCHOOL ATTENDED School Name ______ School Board _____ _____ Date Left _____ Phone Number ___ Fax Number _____ **MEDICAL INFORMATION** Medical Condition (Serious medical alerts, chronic illnesses, allergies and treatment or medication needed should be noted.) Doctor Surname.____ Doctor's Phone Number FIRST NATIONS, METIS OR INUIT ANCESTORY - (Voluntary and Confidential Self Identification) "The information on the individual students will not be released and is kept confidential ☐ First Nations (Living on or off Reserve) in accordance with the Freedom of Information and Protection Privacy Act. The District ☐ Metis School Board of Niagara (DSBN) will share its Aboriginal Self-Identification data with the Education Quality Accountability Office (EQAO). These provincial bodies will report their ☐ Inuit findings in an aggregate or collective format to the public." CITIZENSHIP - If country of birth is other than Canada, please complete this section: Arrival Date (into Canada) Birth Country Status in Canada (please check ONE of the following) Canadian Citizen Convention Refugee Refugee Claimant Permanent Resident Study Permit (Fee-paying Student)
Other Visa
Parental Work/Study Permit
Parental Work/Study Permit Verification Document Provided (from above)_____ Expiry Date _____ Country of Citizenship

SIBLING INFORMATION Sibling Information: (if the student ha	as siblings in this school, ple	ease indicate.)	-			
_	Name	V	Name			
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STUDENT HOME ADDRESS * V	erification of home address (u	tility bill, rental agreeme	Init Type:	Ant \Box	Unit 🗆	Suite 🗆
Number Street		Unit No.	Offic Type.	Арс. —		
Additional Delivery Information				Postal Code		
City/Town	Township			Tostal Code		
Home Phone No.		Unlisted 🚨	A STATE OF THE STA	Att III See Tile		
TRANSPORTATION INFORMA If this student will be staying with a sitter of	ATION or child care provider on a consis	tent basis, please complet	e the following infor	mation for use L	y transporto	ition:
Pick Up Address (before school)				4→ □	test Ti	Suite I
Number Street		Unit No	Unit Type:	Apt. U	Omic o	
City/Town	Township	というでは、他会会というによる	TOWN SECTION OF	Postal Code		
Additional Delivery Information						
Phone Number of Contact						
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Number Street		Unit No.	Unit Type	Apr. 🗀	Unit u	Suite C
City/Town	Township			Postai Code		
Additional Delivery Information						
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PARENT/GUARDIAN INFORMATIO Parent □ Stepparent □ Foster Pare	N nt □ Legal Guardian □	
Parent 🗀 Stepparent 🗗 Poster Pare	Emergency Priority: 1 2 3	4 5 (Please circle one choice: 1 = high, 5 = low) 4 5 (Please circle one choice: 1 = high, 5 = low)
Surname	First Name Mrs. C	
Address: (complete if different from student's h		
Number Street	Unit No Ur	nit Type: Apt. 🗆 Unit 🗀 Suite 🗀
City/Town	Township	Postal Code
LEGAL CUSTODY Yes \(\Bar{\cup} \) No \(\Bar{\cup} \)	LIVES WITH STUDENT Yes No	ACCESS TO RECORDS Yes 🗆 No 🗆
	Business Number	Fxt
Place of Employment	Unlisted Cell Phone Number	
Home Phone Number	Alt 1 Email Address (CASL	
Primary Email Address (CASL)	Places confirm Email CAS	L consent on page 4
Alt 2 Email Address (CASL)	Please confirm Email CAS	E consent on page 4
If you are providing daycare information, enter Enter Name of Daycare in Place of Employr	er a Contact Name from the daycare centre. Ent nent .	er Daycare in Relationship to Student.
CONTACT INFORMATION		
(If a parent cannot be contacted during the day	<i>'</i>)	
2	Emergency Priority: 1 2 3	 4 5 (Please circle one choice: 1 = high, 5 = low) 4 5 (Please circle one choice: 1 = high, 5 = low)
	First Name Mrs. [1013. 4 101133 4 1011. 4 21.
Relationship to the student (i.e., Guardian, Grandparent, Stepparent, Foster Pare	nt, Sitter, Aunt, Uncle, Brother, Sister, Friend, Daycare)	
Address		
	Unit No U	nit Type: Apt. 🗆 Unit 🗀 Suite 🗅
Number Street Additional Delivery Information		
Number Street Additional Delivery Information	Township	Postal Code
Number Street Additional Delivery Information	Township LIVES WITH STUDENT Yes No	Postal Code
Number Street Additional Delivery Information City/Town GUARDIAN Yes \(\Delta \) No \(\Delta \) ACCESS TO STUDENT Yes \(\Delta \) No \(\Delta \)	Township LIVES WITH STUDENT Yes No	Postal Code No □
Number Street Additional Delivery Information City/Town	Township LIVES WITH STUDENT Yes \(\bigcap \) No \(\bigcap \) RECEIVES MAIL Yes \(\bigcap \) No \(\bigcap \)	Postal Code Postal Code No □
Number Street Additional Delivery Information City/Town GUARDIAN Yes No No ACCESS TO STUDENT Yes No Place of Employment Home Phone Number	Township No □ RECEIVES MAIL Yes □ No □ Business Number Unlisted □ Cell Phone Number	Postal Code Postal Code No □
Number Street Additional Delivery Information City/Town GUARDIAN Yes No No ACCESS TO STUDENT Yes No Place of Employment Home Phone Number	Township No □ No □ RECEIVES MAIL Yes □ No □ Business Number	Postal Code Postal Code No □
Number Street Additional Delivery Information City/Town GUARDIAN Yes □ No □ ACCESS TO STUDENT Yes □ No □ Place of Employment Home Phone Number Pager Phone Number	Township No □ RECEIVES MAIL Yes □ No □ Business Number Unlisted □ Cell Phone Number Email Address	Postal Code ACCESS TO RECORDS Yes No Ext. 4 5 (Please circle one choice: 1 = high, 5 = low)
Additional Delivery Information City/Town No □ ACCESS TO STUDENT Yes □ No □ Place of Employment Home Phone Number Pager Phone Number CONTACT INFORMATION (If a parent cannot be contacted during the day	LIVES WITH STUDENT Yes No RECEIVES MAIL Yes No Language Business Number Language Email Address Emergency Priority: 1 2 3 School Closure Priority: 1 2 3	Postal Code ACCESS TO RECORDS Yes No Ext. 4 5 (Please circle one choice: 1 = high, 5 = low) 4 5 (Please circle one choice: 1 = high, 5 = low)
Number Street Additional Delivery Information City/Town GUARDIAN Yes	Township LIVES WITH STUDENT Yes No RECEIVES MAIL Yes No Susiness Number Unlisted Cell Phone Number Email Address School Closure Priority: 1 2 3 First Name Mrs.	Postal Code ACCESS TO RECORDS Yes No Ext. 4 5 (Please circle one choice: 1 = high, 5 = low) 4 5 (Please circle one choice: 1 = high, 5 = low)
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FREEDOM OF I	NFORMATION
In order for the school to release personal information, we must complement of Privacy Act, 1990.	ly with the provisions of the Municipal Freedom of Information/
If your child is under the age of 18 years, do you consent to the st being released:	tudent's name, photograph, video image and/or accomplishments
- in school or Board of Education publications (e.g., Newsletters, y	rearbook, etc)? 🔲 Yes 🔲 No
- to the media? (radio, television, newspapers)?	☐ Yes ☐ No
- in school or Board of Education Electronic Publications, (i.e., web	opages)
To continue receiving electronic communications from your child's sch	nool and the DSBN Canada's Anti-Snam Legislation (CASI) requires
that you provide us with your consent. This requirement came into eff	fect on July 1, 2014. Your preference will be saved in the DSBN
that you provide us with your consent. This requirement came into eff student database. Parent/Guardian 1 Primary Email	Fect on July 1, 2014. Your preference will be saved in the DSBN Parent/Guardian 2 Primary Email Yes - I consent No - I Do Not Consent

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990 c.E.2, as amended, and will be used for the Ontario Student Record and for administrative purposes. Questions about collection may be directed to the Director of Education, District School Board of Niagara, 191 Carlton Street, St. Catharines, ON, L2R 7P4 (905-641-1550)

INTERSCHOOL ATHLETIC PROGRAM

According to the Administrative Procedure entitled **Permission to Participate in Interschool Athletic Program**, student athletes must complete a Permission to Participate Form **for each sport**. This form includes medical and personal information needed by a coach in case of emergency. The District School Board of Niagara recommends an annual medical examination for students who participate in interschool sports. These forms, or copies of the forms, should be readily accessible by the coach at all times. This includes all practices and games.

USE OF BOARD TECHNOLOGY

The use of District School Board of Niagara's digital technology is a resource and a technological tool for lifelong learning. According to Administrative Procedure "4-02 Digital Technology Use by Students", the District School Board of Niagara expects schools to implement the administrative procedure relative to the proper application of Digital Citizenship Guidelines. In order for students to access the Internet and Intranet services both students and parents/guardians will complete and sign an "I.T. Digital Citizenship Agreement" provided by the school which is an agreement by students to abide by all directions established by the District School Board of Niagara's "Digital Technology Use by Students" policy. Students who have not completed and submitted the "I.T. Digital Citizenship Agreement" will be prohibited from using the Board's Digital Technological resources.

STUDENT REGISTRATION INFORMATION:	FOR OFFICE USE ONLY		
Activity Fee	Number		
Yearbook Fee	Combination		
Workbook Fee	Serial Number		
Grad FeeTotal			

