

Elementary Student Registration Form

FOR OFFICE USE ONLY	
Entry Date: _____	Program: REG <input type="checkbox"/> IMM <input type="checkbox"/>
Student #: _____	Age Verification Type: _____
OEN #: _____	Catholic Verification Type: _____
Int. Ed. Start Date: _____	Residency Verification Type: _____
Int. Ed. End Date: _____	Pupil Eligibility Form Required: _____
Grade: _____	Lease Agreement (non-catholic): _____
Homeroom: _____	Transportation Form: Yes <input type="checkbox"/> No <input type="checkbox"/>
Teacher: _____	Photo Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax Assessment: Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunization Record: Yes <input type="checkbox"/> No <input type="checkbox"/>
CASL Consent: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Legal Name: _____			
Surname	First Name	Middle Name	
Preferred Name: _____			
Surname	First Name	Middle Name	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: _____ YYYY MM DD		
Siblings in This School: _____		Language(s) Spoken at Home: _____	

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: _____		Emergency Contact Number: _____		
Home Phone Number: _____		Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>	

Country of Birth: _____		Country of Last Residence: _____		
Country of Citizenship: _____		Arrival Date: _____	<input type="checkbox"/> Complete Pupil Eligibility Form	
Status in Canada: _____		Expiry Date: _____		
Mother Tongue: _____		Translator Required: _____		

Health Card Number: _____ <small>(Optional)</small>		Version: _____	Immunization Record Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Alert Information: _____ _____			
Doctor's Name: _____		Telephone Number: _____	Ext: _____

Baptism Parish: _____	Date: _____	Communion Parish: _____	Date: _____
Reconciliation Parish: _____	Date: _____	Confirmation Parish: _____	Date: _____

Bus Transportation Required: Yes <input type="checkbox"/> No <input type="checkbox"/>

Previous School Attended: _____			
Address: _____			
Street	City	Province/State	Country
Previous Board Attended: _____			
Student Identification through IPRC: Yes <input type="checkbox"/> No <input type="checkbox"/>	Student has an IEP: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Language of Instruction: _____	Departure Date: _____		
Last Grade Attended: _____	Reason for Transfer: _____		

PARENT/GUARDIAN Information:

Student Name: _____

Name: _____ Male Female
 Mr./Mrs. First Name Surname

Relationship to Student: _____ Place of Employment: _____

Emergency Contact Priority: 1 2 3 School Closure Contact Priority: 1 2 3
 Guardian Custody Lives with Student Access to Records Speaks School Language Receives Mail

Home Phone Number: _____ Business Phone Number: _____ Ext: _____

Cell Phone Number: _____ E-mail Address: _____

Address if Different from Student: _____
 Number/Street Unit # City/Township Postal Code

Name: _____ Male Female
 Mr./Mrs. First Name Surname

Relationship to Student: _____ Place of Employment: _____

Emergency Contact Priority: 1 2 3 School Closure Contact Priority: 1 2 3
 Guardian Custody Lives with Student Access to Records Speaks School Language Receives Mail

Home Phone Number: _____ Business Phone Number: _____ Ext: _____

Cell Phone Number: _____ E-mail Address: _____

Address if Different from Student: _____
 Number/Street Unit # City/Township Postal Code

Voluntary and Confidential Self-Identification for First Nation, Métis and Inuit Students. No proof of status or ancestry is required.

I consider my child to be of Indigenous ancestry.

The category that applies to my child is: First Nation Métis Inuit

Emergency Contact Information (Other than Parent/Guardian):

Name: _____ Male Female
 Mr./Mrs. First Name Surname

Relationship to Student: _____ Place of Employment: _____

Emergency Contact Priority: 1 2 3 4 5 School Closure Contact Priority: 1 2 3 4 5

Home Phone Number: _____ Business Phone Number: _____ Ext: _____

Cell Phone Number: _____ E-mail Address: _____

Name: _____ Male Female
 Mr./Mrs. First Name Surname

Relationship to Student: _____ Place of Employment: _____

Emergency Contact Priority: 1 2 3 4 5 School Closure Contact Priority: 1 2 3 4 5

Home Phone Number: _____ Business Phone Number: _____ Ext: _____

Cell Phone Number: _____ E-mail Address: _____

"Student personal information is collected during registration and while attending school pursuant to the Education Act. It will be used for planning and programming, school to home communications, and to establish the Ontario Student Record which contains information conducive to the improvement of instruction. Limited information may be disclosed beyond the board for purposes such as yearbooks and accident information to the board's insurer. Questions about the information collected on this form should be directed to the principal of the school."

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

Parent/Guardian Signature: _____ Date: _____