

# **STUDENT REGISTRATION FORM**

School Name:		Date:		
FOR OFFICE USE ONLY				
Date of Entry	Homeroom	Grade		
Home School	OEN Number	ESL		
STUDENT INFORMATION				
Legal Surname	First Name	Middle Name		
Preferred Surname	Preferred	First Name		
Date of Birth / / (day/month/year)	Gender Male 🗆 Female 🗖			
Date of Birth Verification (Please check one of	the following.)			
Baptismal Record 🗅 🔹 Birth Certificate 📮	Birth Registration $\Box$	Immigration Document 🗆 Passport 🗆		
Verification of Documentation for School Reg	istration (from Welcome Centre)	e) 🖬 Other 🖬		
Language(s) Spoken in the Home $\Box$	First l	Language 🖵		
PREVIOUS SCHOOL ATTENDED				
School Name	School Bo	oard		
City	Date Left	t		
Phone Number	Fax Numb	Der		
CITIZENSHIP - If country of birth is othe	r than Canada, please comp	plete this section:		
Birth Country	Arrival Date (i	(into Canada)		
Status in Canada (Please check one of the follow	<i>ing.)</i> Signature from	m Welcome Centre		
Canadian Citizen $\Box$ Convention Refugee $\Box$	Refugee Claimant 🖵 Perman	nent Resident 🗖		
Study Permit (Fee-paying Student) 🖵 Other	· Visa 🛛 ſ	Parental Work/Study Permit 🗖		
Verification Document Provided (from above	ا(د	Expiry Date		
Country of Last Residence	Country of	f Citizenship		
FIRST NATIONS, METIS OR INUIT AN	ICESTRY - (Voluntary and C	Confidential Self Identification)		
□ First Nations (living on or off Reserve)	about indigenous student achieve	tion, Métis, Inuit ancestry will help the DSBN learn more ement and allocate resources and supports to improve		
Metis	communicate with you. Some of t	/ email address provided by you may be used to these messages may be commercial in nature. Questions		
	about the collection of this inforn	mation should be directed to the Principal of the school.		
MEDICAL INFORMATION Medical Emergencies - Anaphylaxis? Daily Med Medical Condition Please note: Serious medica				
Doctor's Surname		t Name		
Doctor's Phone Number				

<b>STUDENT HOME</b>	ADDRESS Verification	n of home address ( <i>utili</i>	ity bill, rental agreem	ent, etc.) No 🛛	Yes 🛛 🏾	уре	
Number Str	·eet	Unit No		Unit Type:	Apt. 🗖	Unit 🛛	Suite 🛛
	nformation				•		
City/Town		Township			Postal Coc	de	
Home Phone No. (Landl	line)	Listed	Unlisted				
TRANSPORTATIO							
If this student will be stayin	ng with a sitter or child care	provider on a consistent bo	asis, please complete th	ne following inforr	nation for us	e by transpo	ortation:
Pick Up Address (bei	fore school)						
	reet						
City/Town		Township		Pc	stal Code	·	
Additional Delivery Ir	nformation						
Phone Number of Con	tact						
Drop off Address (af							
Number Str	reet	Unit	No	Unit Type:	Apt. 🗖	Unit 🛛	Suite 🛛
City/Town		Township		Pc	ostal Code	·	
Additional Delivery Ir	nformation						
Phone Number of Con	tact						
It is important you select the correct <b>Emergency Priority</b> and <b>Closure Priority</b> in the contact information on the following pages. <b>This is to ensure the correct person is contacted in an emergency situation.</b> Throughout the parents/guardians and contacts, please use #1 only once, #2 only once, #3 only once, etc.							
-	ency Priority: The pers Closure Priority: The		•				
School Emergend	cy Dismissal Proce	dures (Please check)	one of the following,	)			
		by bus or taxi 🗖		immediately 🗆	1		
(until designated pick up	ז) (if normal m	neans of transportation,	)				
Send home with older	sibling 📮 Sibling's Na	me	)		Grade		
Send home with older		me	)		Grade		
Send home with older	sibling 📮 Sibling's Na	me	)	0	Grade		
Send home with older	sibling D Sibling's Na	me	)		Grade		
Send home with older (If the student is JK, they Signature of Mother	sibling D Sibling's Na	me th an older sibling.) Signature of Father		Signature	e of Legal (	Guardian	
Send home with older (If the student is JK, they Signature of Mother SIBLING INFORMA	sibling D Sibling's Na cannot be sent home with ATION Sibling Informa	me th an older sibling.) Signature of Father ation: (If the student he	as siblings in this scho	Signature pool, please indice	e of Legal ( ate the nan	Guardian	
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PARENT/GUARDIAN INFORMATION		
Parent 🛛 Stepparent 🖵 Foster Paren		
		iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)
Surname		Mrs.
Address: (complete if different from student's ho		
		Unit Type: Apt. 🗖 Unit 🗖 Suite 🗖
Additional Delivery Information		
		Postal Code
	LIVES WITH STUDENT Yes	No 🖬 ACCESS TO RECORDS Yes 🗆 No 🖵
		usiness Number Ext
		Cell Phone Number
Primary Email Address (CASL)		
Alt 1Email Address (CASL)	U Su	bscribe 🗖 Unsubscribe Refer to pg. 4
Alt 2 Email Addre	s (CASL)	CASL CONSENT.
<b>CONTACT INFORMATION</b> (if a parent cannot be contacted during the day	local contact)	
	School Closure Pr	iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)
	First Name	Mrs. 🖬 Ms. 🖬 Miss 🖬 Mr. 🖬 Dr. 🖬
Relationship to the student		0
(i.e., Guardian, Grandparent, Stepparent, Foster Parent,	Sitter, Aunt, Uncle, Brother, Sister, Frien	d)
Address		
Number Street		Unit Type: Apt. 🗖 Unit 🗖 Suite 🗖
Number Street Additional Delivery Information		
Number Street         Additional Delivery Information         City/Town	Township	Postal Code
Number Street      Additional Delivery Information      City/Town      GUARDIAN Yes I No I      ACCESS TO STUDENT Yes I No I	Township LIVES WITH STUDENT Yes 🖵 RECEIVES MAIL Yes 🖵 No 🕻	Postal Code    No    ACCESS TO RECORDS    Yes    No
Number Street      Additional Delivery Information      City/Town      GUARDIAN Yes I No I      ACCESS TO STUDENT Yes No I      Place of Employment	Township LIVES WITH STUDENT Yes 🗖 RECEIVES MAIL Yes 🗖 No 🕻	Postal Code No D ACCESS TO RECORDS Yes No D Business Number Ext
Number Street      Additional Delivery Information      City/Town      GUARDIAN Yes I No I      ACCESS TO STUDENT Yes No I      Place of Employment	Township LIVES WITH STUDENT Yes 🗖 RECEIVES MAIL Yes 🗖 No 🕻	Postal Code    No    ACCESS TO RECORDS    Yes    No
Number Street      Additional Delivery Information      City/Town      GUARDIAN Yes I No I      ACCESS TO STUDENT Yes No I      Place of Employment	Township LIVES WITH STUDENT Yes 🗖 RECEIVES MAIL Yes 🗖 No 🕻	Postal Code No D ACCESS TO RECORDS Yes No D Business Number Ext
Number Street      Additional Delivery Information      City/Town      GUARDIAN Yes I No I      ACCESS TO STUDENT Yes No I      Place of Employment	Township LIVES WITH STUDENT Yes RECEIVES MAIL Yes No E Unlisted local contact) Emergency Pr	Postal Code No D ACCESS TO RECORDS Yes No D Business Number Ext
Number Street         Additional Delivery Information         City/Town         GUARDIAN Yes D No D         ACCESS TO STUDENT Yes No D         Place of Employment         Home Phone Number (Landline)         CONTACT INFORMATION         (if a parent cannot be contacted during the day -	Township LIVES WITH STUDENT Yes RECEIVES MAIL Yes No E Unlisted <i>local contact)</i> Emergency Pr School Closure Pr	Postal Code No ACCESS TO RECORDS Yes No Business Number Ext Cell Phone Number iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) riority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)
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Number Street         Additional Delivery Information         City/Town         GUARDIAN Yes □ No □         ACCESS TO STUDENT Yes □ No □         Place of Employment         Home Phone Number (Landline)         CONTACT INFORMATION         (if a parent cannot be contacted during the day         Surname         Relationship to the student         (i.e., Guardian, Grandparent, Stepparent, Foster Parent, Address	Township LIVES WITH STUDENT Yes RECEIVES MAIL Yes No E Unlisted // Unlisted // Unlisted // Emergency Pr School Closure Pr First Name Sitter, Aunt, Uncle, Brother, Sister, Frien	Postal Code   No   ACCESS TO RECORDS   Yes   No   Business Number   Ext.   Cell Phone Number   Cell Phone Number   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low) iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)
Number Street         Additional Delivery Information         City/Town         GUARDIAN Yes □ No □         ACCESS TO STUDENT Yes □ No □         Place of Employment         Home Phone Number (Landline)         CONTACT INFORMATION         (if a parent cannot be contacted during the day of Surname         Relationship to the student         (i.e., Guardian, Grandparent, Stepparent, Foster Parent, Address         Number Street	Township LIVES WITH STUDENT Yes RECEIVES MAIL Yes No E Unlisted local contact) Emergency Pr School Closure Pr First Name Sitter, Aunt, Uncle, Brother, Sister, Frien Unit No	Postal Code   No   ACCESS TO RECORDS   Yes   No   Business Number   Ext.   Cell Phone Number   Cell Phone Number   Cell Phone Number   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   I 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   I 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   I 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)
Number Street         Additional Delivery Information         City/Town         GUARDIAN Yes □ No □         ACCESS TO STUDENT Yes □ No □         Place of Employment         Home Phone Number (Landline)         CONTACT INFORMATION         (if a parent cannot be contacted during the day -         Surname         Relationship to the student         (i.e., Guardian, Grandparent, Stepparent, Foster Parent, Address         Number Street         Additional Delivery Information	Township	Postal Code   No   ACCESS TO RECORDS   Susiness Number   Ext.   Cell Phone Number   Cell Phone Number   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)
Number Street         Additional Delivery Information         City/Town         GUARDIAN Yes □ No □         ACCESS TO STUDENT Yes □ No □         Place of Employment         Home Phone Number (Landline)         CONTACT INFORMATION         (if a parent cannot be contacted during the day -         Surname         Relationship to the student         (i.e., Guardian, Grandparent, Stepparent, Foster Parent, Address         Number Street         Additional Delivery Information	Township	Postal Code   No   ACCESS TO RECORDS   Susiness Number   Ext.   Cell Phone Number   Cell Phone Number   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   I 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   I 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   I 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   Image:
Number Street   Additional Delivery Information   City/Town   GUARDIAN Yes □ No □   Access TO STUDENT Yes □ No □   Place of Employment   Home Phone Number (Landline)   CONTACT INFORMATION   (if a parent cannot be contacted during the day   Surname   Relationship to the student   (i.e., Guardian, Grandparent, Stepparent, Foster Parent,   Address   Number Street   Additional Delivery Information   City/Town   GUARDIAN Yes □ No □	Township	Postal Code   No   ACCESS TO RECORDS   Susiness Number   Ext.   Cell Phone Number   Cell Phone Number   Cell Phone Number   Iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)     Mrs.   Mrs.   Miss   Mr.   Dr.   d)     Postal Code     No   ACCESS TO RECORDS   Yes
Number Street         Additional Delivery Information         City/Town         GUARDIAN Yes □ No □         ACCESS TO STUDENT Yes □ No □         Place of Employment         Home Phone Number (Landline)         CONTACT INFORMATION         (if a parent cannot be contacted during the day -         Surname         Relationship to the student         (i.e., Guardian, Grandparent, Stepparent, Foster Parent, Address         Number Street         Additional Delivery Information         City/Town         GUARDIAN Yes □ No □	Township LIVES WITH STUDENT Yes RECEIVES MAIL Yes No Unlisted Unlisted Iocal contact) Emergency Pr School Closure Pr First Name Sitter, Aunt, Uncle, Brother, Sister, Frien Unit No Unit No IVIES WITH STUDENT Yes RECEIVES MAIL Yes No	Postal Code   No   ACCESS TO RECORDS   Business Number   Ext.   Cell Phone Number   Cell Phone Number   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority:   1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)     Mrs.   Mrs.   Mrs.   Miss   Mr.   Dr.   d)     Postal Code   No   ACCESS TO RECORDS   Yes   No
Number Street         Additional Delivery Information         City/Town         GUARDIAN Yes □ No □         ACCESS TO STUDENT Yes □ No □         Place of Employment         Home Phone Number (Landline)         CONTACT INFORMATION         (if a parent cannot be contacted during the day -         Surname         Relationship to the student         (i.e., Guardian, Grandparent, Stepparent, Foster Parent, Address         Number Street         Additional Delivery Information         City/Town         GUARDIAN Yes □ No □         Place of Employment	Township LIVES WITH STUDENT Yes D RECEIVES MAIL Yes No D RECEIVES MAIL Yes No D Indisted D	Postal Code   No   ACCESS TO RECORDS   Susiness Number   Ext.   Cell Phone Number   Cell Phone Number   Cell Phone Number   Iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)   iority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)     Mrs.   Mrs.   Miss   Mr.   Dr.   d)     Postal Code     No   ACCESS TO RECORDS   Yes

## FREEDOM OF INFORMATION

In order for the school to release personal information, we must comply with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, 1990.

If your child is under the age of 18 years, do you consent to the student's name, photograph, image and/or audio recordingand/or accomplishments being released:

🛛 Yes 🖵 No

🛛 Yes 🖵 No

- in school or DSBN publications (e.g., newsletters, yearbook, annual report etc)?
- to the media? (radio, television, newspapers including their online and social media channels)? 🛛 Yes 🔾 No
- in school or DSBN Electronic Publications, (including webpages and social media)?

Personal information contained on this form and any other correspondence relating to involvement in Board programs is collected under the authority of s.170, s.190, s.264, and/or s.265 of the Education Act and Sabrina's Law and in accordance with the Municipal Freedom of information and Protection of Privacy Act (MFIPPA). It will be used in the Ontario Student Record and for registration, administrative, communication, educational and reporting purposes. The information may be shared with other educational support workers employed by the District School Board of Niagara or with other employees to carry out their job duties or with providers of student transportation or child care. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement or in accordance with any other Act. Medical information will be shared with those transporting students in order to ensure their health and safety.

#### **CASL CONSENT**

To continue receiving electronic communications from your child's school and the DSBN, Canada's Anti-Spam Legislation (CASL) requires that you provide us with your consent. This requirement came into effect on July 1, 2014. Your preference will be saved in the DSBN student database.

### 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	
Workbook Fee	Serial Number
Grad Fee Total	



PLEASE PRINT ALL INFORMATION