

Student Registration Form **Grade:** _____

Office Use Only

OCDSB Student Number: _____ OEN: _____ MIN: _____

Registration completed by: VP: _____ Reg. Entry: _____ Course Entry: _____

PLEASE PRINT.

Legal Name: _____

(as it appears on birth certificate) Surname First Name Middle Name(s)

Preferred Name: _____

(if different from legal name) Surname First Name

Gender: F ___ M ___ Date of Birth: _____
YYYY MMM DD

Names of Siblings in This School: _____

911/Home Address: _____
Number/Street Unit # City/Township Postal Code

Additional Info/
Residence Location: _____

Mailing Address: _____
(if different from above) Number/Street Unit # City/Township Postal Code

Post Office Box: _____ Rural Route #: _____ Home Phone Number: _____ Unlisted? _____

Province of Birth: _____

Country of Birth: _____ Country of Last Residence (if not Canada): _____

Country of Citizenship: _____ Arrival Date (mmm yy): _____

Status In Canada: CDN ___ Landed IMM ___ Visa ___ Expiry Date (mmm yy): _____

Other Citizenships: _____ Copy of Documentation Provided: Yes ___ No ___

1ST Language Spoken: _____ Language(s) Spoken at Home: _____

Aboriginal Self-Identification: In reference to OCDSB Policy, I wish to identify myself (over 18) or my child (under 18)

First Nation: _____ Metis: _____ Inuit: _____

Previous School Attended: _____

Address (if not Ottawa): _____
City Province/State Country

Previous Board Attended (if not OCDSB): _____

Language of Instruction (if not English): _____ Departure Date (mmm yy): _____

Last Grade Attended: _____ Reason for Leaving: _____

Designated OCDSB Secondary School (if not South Carleton HS): _____

Circle Reason for OCDSB Transfer Request (if applicable):

A copy of a birth certificate must be attached for students from outside of the OCDSB.

Health Card Number: _____ Version: _____ Immunization Record Provided: Yes ___ No ___

Medical Alert Information/Allergies/Disabilities/Medications/Medical Conditions: _____

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

Student Identification Through IPRC: Yes ___ No ___ Student has an IEP: Yes ___ No ___

This student has received the following learning supports in the past: _____

Parent/Guardian Information:

Name: _____		Male: _____	Female: _____
Mr./Mrs.	First Name	Surname	
Relationship to Student: _____	Circle Emergency Contact Priority: 1 2 3 4 None		
Home Phone Number: _____	Business Phone Number: _____	Ext: _____	
Cell Phone Number: _____	E-mail Address: _____		
Mark X for all conditions that apply:	Legal Guardian: _____	Legal Custody: _____	Lives with Student: _____ (Monday – Friday)
	Has Access to Info/Records: _____	Speaks English: _____	
Address if Different from Student: _____			
	Number/Street	Unit # City/Township	Postal Code
=====			
Name: _____		Male: _____	Female: _____
Mr./Mrs.	First Name	Surname	
Relationship to Student: _____	Circle Emergency Contact Priority: 1 2 3 4 None		
Home Phone Number: _____	Business Phone Number: _____	Ext: _____	
Cell Phone Number: _____	E-mail Address: _____		
Mark X for all conditions that apply:	Legal Guardian: _____	Legal Custody: _____	Lives with Student: _____ (Monday – Friday)
	Has Access to Info/Records: _____	Speaks English: _____	
Address if Different from Student: _____			
	Number/Street	Unit # City/Township	Postal Code

Non-Custodial Parent/Guardian Information: (i.e., does not live with student)

Name: _____		Male: _____	Female: _____
Mr./Mrs.	First Name	Surname	
Relationship to Student: _____	Circle Emergency Contact Priority: 1 2 3 4 None		
Home Address: _____			
	Number/Street	Unit # City/Township	Postal Code
Home Phone Number: _____	Business Phone Number: _____	Ext: _____	
Mark X for all conditions that apply:	Joint Custody: _____	Has Access to Info/Records: _____	Speaks English: _____
Documentation Provided for Special Access/Custody Arrangements: Yes _____ No _____ Not Applicable _____			

Deceased Parent Information:

Father's Name: _____	Date (mmm yy): _____
Mother's Name: _____	Date (mmm yy): _____

Emergency Contact Information: (to be called when parents/guardians cannot be reached)

Name: _____		Male: _____	Female: _____
Mr./Mrs.	First Name	Surname	
Relationship to Student: _____	Circle Emergency Contact Priority: 1 2 3 4		
Home Phone Number: _____	Business Phone Number: _____	Ext: _____	
Cell Phone Number: _____			

This information is collected, pursuant to the School Board's responsibilities as set out in the Education Act and its regulations, for educational purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually. Any questions with respect to this information should be directed to the Principal of the school in which the student is applying to register.

I certify that the information provided on this form is accurate and understand that an incomplete form will delay registration.

Signature of Parent/Guardian/Student (if 18+ years): _____ Date: _____