

# 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 \_\_\_\_\_

1<sup>ST</sup> 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: \_\_\_\_\_