



STUDENT REGISTRATION FORM

Student Name: _____

School Name: _____

(School in which the student is registering)

<i>Shaded Area for Office Use Only</i>		Student OEN (Ontario Education Number): _____		
<i>Trillium Student No.</i>	<i>Grade</i>	<i>Admit Date (yyyy/mm/dd)</i>	<i>Program</i>	<i>Homeroom</i>
Admit Code <input type="checkbox"/> <i>Beginner(JK/SK)</i> <input type="checkbox"/> <i>From Other School Board</i> <input type="checkbox"/> <i>From Province Outside Ontario</i> <input type="checkbox"/> <i>From this Board</i> <input type="checkbox"/> <i>Beginner/DayCare</i> <input type="checkbox"/> <i>From Outside Canada</i> <input type="checkbox"/> <i>From Private School in Ontario</i> <input type="checkbox"/> <i>Returning from</i> <input type="checkbox"/> <i>From Native Ed. Auth. School</i> <input type="checkbox"/> <i>From other country, born in Canada</i> <input type="checkbox"/> <i>Returning after non-attendance Exchange</i>				
<input type="checkbox"/> <i>Most recent Report Card</i>		Verified by: _____		
(PLEASE PRINT)				
STUDENT INFORMATION:				
Name: _____				
(Legal Last)		(Legal First)		(Legal Middle)
Name: _____				
(Preferred Last)		(Preferred First)		(Preferred Middle)
Date of Birth _____ / _____ / _____			Male <input type="checkbox"/> Female <input type="checkbox"/>	
y y y y m m d d				
STUDENT CONTACT INFORMATION (optional)				
Cell Phone _____ - _____ - _____			E-mail Address: _____	
<i>Note: Legal Name must be shown on legal document (i.e. birth certificate, passport, change of name order, adoption order, etc.) and will appear on all school Official Records</i>				
HOME ADDRESS:		<i>Proof of Residency Verification Document Shown</i> 1) _____ <i>Note: Principal may require such additional</i> 2) _____ <i>verification documentation as he/she deems</i> <i>necessary to confirm residency.</i>		
Number _____ Street _____				
Apt. No. _____		Unit No. _____		Suite No. _____
City/Town _____		Province _____		Postal Code _____
HOME PHONE NUMBER: _____ - _____ - _____			Listed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Fill in the section below ONLY if country of birth is other than Canada</i>			<i>Verification Document:</i> _____ <i>Yellow ESL Verification Form Complete: Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
Birth Country _____		Country of Last Residence _____		
Status in Canada _____		First Arrival Date in Canada _____		Expiry Date _____

To be completed for ALL students:

Country of Citizenship: _____ Province of Birth: _____
 (If born in Canada)

Languages Spoken (if other than English):

1) _____ First Language Spoken at Home
 2) _____ First Language Spoken at Home

EDUCATIONAL BACKGROUND

Has the student ever been registered at a school within the Toronto District School Board? Yes No

If Yes, provide the name of the school: _____ Last grade attended _____

If No, provide the name of the school most recently attended: _____

School Address _____ School Phone: _____ - _____ - _____

_____ School Fax Number: _____ - _____ - _____

_____ School E-mail: _____

Name of the School Board: _____

Has the student previously received Special Education Support? Yes No

Type of program (if known): _____

Is the student currently under suspension from any school or board? Yes No

Is the student currently under expulsion from any school or board? Yes No

FOR SECONDARY SCHOOL USE ONLY:

Proof of Literacy Test Result Received: Yes No
 Transcript Attached: Yes No
 First Entered O.N.T. Sec. Schools after Grade 9: Yes No
 Cohort Year: _____ (school year)

Previous Community Service Hours completed outside Toronto District School Board: _____ hours

Grade 10 Literacy Test successfully completed (Please provide proof of results) Yes No

MEDICAL INFORMATION

Proof of Immunization Record Shown Yes No

Health Card No. _____ (Version No.) (optional but recommended)

Medical Conditions:

If your child has medical needs or conditions of which the school should be aware, please describe the condition(s) below:

_____ **Life Threatening**
 Yes No

 Yes No

SIBLING INFORMATION: (if the student has brothers or sisters in this school, please indicate)

Last Name	First Name
1) _____	_____
2) _____	_____

ABORIGINAL STUDENT SELF-IDENTIFICATION:

All parents/guardians of Aboriginal students, and students where they are 18 years of age or older, have the right to voluntarily self-identify. Please check the most appropriate box to indicate Aboriginal Identity (if applicable). Please select one box only.

First Nation Ancestry (Status or non-Status) Aboriginal person from outside Canada
 Metis Ancestry Inuit Ancestry Other (please specify): _____

PARENTS OR LEGAL GUARDIAN INFORMATION ONLY	
If Parents are separated or divorced they must provide the school with information about the custody/access arrangements with respect to their child, as per the Ontario Student Record Guidelines. Documentation Received: Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<i>Contact priority should be based on whom to call in the case of an emergency and/or school closure Note: If e-mail address is provided, the school <u>may</u> use it for contact purposes.</i>	
1) Last Name _____ First Name _____ (Please check all applicable boxes.) Male <input type="checkbox"/> Female <input type="checkbox"/> Legal documents (custody order) are required in order for us to process a change to our records.	
Relationship: <input type="checkbox"/> Access to Child <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with Student <input type="checkbox"/> Access to Records <input type="checkbox"/> Mother <input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian (Circle below, 1 = high, 4 = low)	
For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4	
Home No. _____ - _____ - _____ Listed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____	
E-mail Address* _____ <input type="checkbox"/> Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]	
Home Mailing Address (complete if different from student) Number _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____ City/Town _____ Province _____ Postal Code _____	
2) Last Name _____ First Name _____ (Please check all applicable boxes.) Male <input type="checkbox"/> Female <input type="checkbox"/> Legal documents (custody order) are required in order for us to process a change to our records.	
Relationship: <input type="checkbox"/> Access to Child <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with Student <input type="checkbox"/> Access to Records <input type="checkbox"/> Mother <input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian (Circle below, 1 = high, 4 = low)	
For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4	
Home Phone _____ - _____ - _____ Listed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____	
E-mail Address* _____ <input type="checkbox"/> Consent for emails for a commercial nature** _____ (Initial) [if you do not consent, please leave blank]	
Home Mailing Address (complete if different from student) Number _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____ City/Town _____ Province _____ Postal Code _____	

EMERGENCY CONTACT INFORMATION	
If a parent/guardian cannot be contacted use the following emergency contact:	
1) Last Name _____	First Name _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	Relationship to student: _____
<i>(Circle below, 1 = high, 4 = low)</i>	
For Emergency: Priority 1 2 3 4	For School Closure: Priority 1 2 3 4
Home Phone _____ - _____ - _____	
Cell No. _____ - _____ - _____ Business No. _____ - _____ - _____ ext. _____	
2) Last Name _____	
First Name _____	
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Relationship to student/comment: _____	
<i>(Circle below, 1 = high, 4 = low)</i>	
For Emergency: Priority 1 2 3 4	
For School Closure: Priority 1 2 3 4	
Home Phone _____ - _____ - _____	
Cell No. _____ - _____ - _____ Business No. _____ - _____ - _____ ext. _____	
ADDITIONAL STUDENT INFORMATION: (if required for school)	

For Funding Purposes	
Fees Required if: (Approved by TDSB Admissions Office)	
<input type="checkbox"/> Student is a non-resident pupil on a Study Permit.	
<input type="checkbox"/> Student is a Visitor to Canada	
<input type="checkbox"/> Fees are paid by the Government of Canada	
<input type="checkbox"/> Fees are paid by a Native Education Authority	
If uncertain, please consult or refer parent/guardian to the Toronto District School Board Admission Office, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, or call (416) 395-8120.	
All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.	
Signature of Parent/Legal Guardian _____	Date: _____ / _____ / _____ y y y y / m m d d
Personal information on this form is collected under the authority of the <i>Education Act</i> , R.S.O. 1990, c.E.2 and the <i>Municipal Freedom of Information and Protection of Privacy Act</i> , R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions about this collection should be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8, Tel. (416)397-3288.	
*Email address will be used to provide information such as student progress and information nights and information from Board officials or the Board of Trustees that relate to the education of students or operation of schools.	
**Email address will also be used to provide information of a commercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. CASL prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Toronto District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.	