

# Student Application- Elementary



School Name: \_\_\_\_\_

**(OFFICE USE ONLY)**



Trillium Student No.: \_\_\_\_\_ Ontario Education No. : \_\_\_\_\_  
 Admit Date: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Track: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Program: \_\_\_\_\_  
 Y Y Y MTH. D D

- Admit Code:
- Beginner
  - From Care/Treat/Corr Facility
  - From Private School in Ontario
  - Returning from Exchange

- From This Board
- From Outside Canada
- From Native Ed. Auth. School
- Returning after non-attendance

Verified by: \_\_\_\_\_

<b>STUDENT INFORMATION</b>	
<b>Legal Last Name</b>	<b>Legal First Name</b>
Note: Legal Name must be shown on legal document (i.e. birth certificate, passport, etc.) and will appear on all school Official Records.	
<b>Preferred Last Name</b> (If different from Legal Name)	<b>Preferred First Name</b> (If different from Legal Name)
<b>Home Address:</b> Street No. and Name _____ Apt. # _____ City _____ Postal Code _____	<b>Date of Birth</b> Y Y Y MTH. D D Does the student have any brother(s) or sister(s) in school? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Home Address:</b> Street No. and Name _____ Apt. # _____ City _____ Postal Code _____	<b>Siblings:</b> Does the student have any brother(s) or sister(s) in school? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does the student have Life-threatening allergies</b> ( e.g. Anaphylaxis): Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Is Epi- Pen Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Medical Alert Information or Disability:</b> Health Card or Private Insurance Policy Number _____ (Optional)	
<b>Program:</b> Previous School Attended: _____ Previous School Board: _____	
Has student previously received Special Education support? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Program (if known): _____	
Is this student <b>currently</b> under suspension from any School or Board? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this student <b>currently</b> under expulsion from any School or Board? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Office Use Only - For Funding Purposes</b> <b>Fees Required If: (Approved by TDSB Admissions Office)</b> Student/Parent is on Study Permit <input type="checkbox"/> Student/Parent is a Visitor to Canada <input type="checkbox"/> Fees paid by the Government of Canada <input type="checkbox"/> Fees are paid by a Native Education Authority <input type="checkbox"/>	<b>English as Second Language Funding Purposes</b> If student is <b>not</b> born in Canada, indicate Country _____ Arrival Date in Canada ___/___/___ MTH. D D Verification Document shown: _____ Province of Birth and Arrival Date _____
<b>Language</b> First Language of Student: _____ Second Language Spoken at Home: _____	

## Primary Contacts – (Mother/Father/Legal Guardian)

### Parent/Legal Guardian

Mr./Mrs./Ms. (Please circle one)

Name: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student: Mother  Father  Legal Guardian

Home Phone Number: ( ) \_\_\_\_\_  
Area Code \_\_\_\_\_ Listed

Business Phone Number: ( ) \_\_\_\_\_  
Area Code \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_  
Area Code \_\_\_\_\_

E- Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(if parent/guardian doesn't live with student)

Access to Student: Yes  No

In Emergency, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

For Early Closure, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Guardian  Receives Mail

Custody  Access to Records

Lives with Student  Speaks English

### Emergency Contact

Male  Female

Name: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_  
Area Code \_\_\_\_\_ Listed

Business Phone Number: ( ) \_\_\_\_\_  
Area Code \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_  
Area Code \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Voluntary First Nation, Métis and Inuit 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 (Status or non-Status)  Métis  Inuit  Aboriginal person from outside Canada  Other (please specify) \_\_\_\_\_

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 MTH. D D

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network. 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.