

To be completed for ALL students:

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

Languages Spoken (indicate all languages including 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 <input type="checkbox"/>	No <input type="checkbox"/>
Transcript Attached:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Entered ONT Sec. Schools after Grade 9:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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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 <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INDIGENOUS STUDENT SELF-IDENTIFICATION:

All parents/guardians of Indigenous 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 Indigenous 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

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 No Not Applicable

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 **may** use it for contact purposes.

1) Last Name _____ First Name _____

(Please check all applicable boxes.) Male Female

Legal documents (custody order) are required in order for us to process a change to our records.

Relationship: Access to Child Guardian Lives with Student Access to Records
 Mother No Access Custody Receives Mail Speaks School Language
 Father
 Foster Parent
 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 No

Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____

E-mail Address* _____

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 Female

Legal documents (custody order) are required in order for us to process a change to our records.

Relationship: Access to Child Guardian Lives with Student Access to Records
 Mother No Access Custody Receives Mail Speaks School Language
 Father
 Foster Parent
 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 No

Business No. _____ - _____ - _____ ext. _____ Cell No. _____ - _____ - _____

E-mail Address* _____

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 Female Relationship to student: _____

(Circle below, 1 = high, 4 = low)

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 Female Relationship to student/comment: _____

(Circle below, 1 = high, 4 = low)

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)

- Student is a non-resident pupil on a Study Permit.
- Student is a Visitor to Canada
- Fees are paid by the Government of Canada
- 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: ____ / ____ / ____
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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 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.