



STUDENT REGISTRATION FORM

(PLEASE PRINT)

STUDENT INFORMATION

Legal Surname: _____ Preferred Surname: _____
Legal Middle Name: _____ Preferred First Name: _____
Legal First Name: _____
Gender: Male Female Date of Birth (yyyy/mm/dd): _____

Note: Legal Name as shown on legal document (i.e. birth certificate, passport, change of name order, etc.) and will appear on all school Official Records

STUDENT ADDRESS INFORMATION

Home Address: _____
Number Street Apt/Unit/Suite Number

City/Town Province Postal Code
Home Phone Number: _____ Listed: Yes No

STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

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

Fill in the section below ONLY if country of birth is something other than Canada

Birth Country: _____ Country of Last Residence: _____
Status in Canada: _____ Date Arrived in Canada: _____ Expiry Date: _____

EDUCATIONAL BACKGROUND

Name of Previous School: _____
Previous School Address: _____ Phone: _____
City/Town Province
Previous School Board: _____
Last Date of Attendance: _____ Reason for Transfer: _____
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: _____

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:**

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

Grade 10 Literacy Test successfully completed (please provide proof of results) Yes No First Entered ONTARIO Secondary Schools after Grade 9 Yes No

Cohort Year: _____

MEDICAL INFORMATION

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 ThreateningYes No Yes No **SIBLING INFORMATION** (if the student has brothers or sisters in this school, please indicate)

Surname (1): _____

Surname (2): _____

First Name (1): _____

First Name (2): _____

PARENT/LEGAL GUARDIAN CONTACT INFORMATION**CONTACT 1**Surname: _____ First Name: _____ Male Female Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Email Address*: _____

CASL

Home Mailing Address (complete if different than student's)

Check all applicable boxes

Has Access to Student	Legal Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody <input type="checkbox"/>	Has Access to Records <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Speaks English <input type="checkbox"/>

Number	Street	City/Town	Province	Postal Code
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CONTACT 2Surname: _____ First Name: _____ Male Female Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Email Address*: _____

CASL

Home Mailing Address (complete if different than student's)

Check all applicable boxes

Has Access to Student	Legal Guardian <input type="checkbox"/>	Receives Mail <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Has Custody <input type="checkbox"/>	Has Access to Records <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Speaks English <input type="checkbox"/>

Number	Street	City/Town	Province	Postal Code
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EMERGENCY CONTACT INFORMATION *(if parent/guardian cannot be reached)***CONTACT 1**Surname: _____ First Name: _____ Male Female Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

CONTACT 2Surname: _____ First Name: _____ Male Female Relationship to student: _____ Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4
circle your choice: 1=high priority, 4=low priority

Home Phone Number: _____

Business Phone Number: _____

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 single box to indicate Indigenous Identity (if applicable).**

First Nation Ancestry (Status or non-Status) Indigenous person outside of Canada Métis Ancestry Inuit Ancestry Other **ADDITIONAL STUDENT INFORMATION** *(if required for school)*

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

Signature of Parent/Legal Guardian_____
yyyy/mm/dd

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 or concerns about this collection should be directed to the Privacy Office, Toronto District School Board, 1 Civic Center Court, 4th Floor, Etobicoke Ontario, M9C 2B3 or (416)394-2344.

*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.