STUDENT REGISTRATION FORM

Toronto District School Board

Student Name: _____

School Name: _____
(School in which the student is registering)

Shaded Area for Office Use Only

Student OEN (Ontario Education Number): ___ ___ ___ ___ ___ ___ ___ ___ ___

Trillium Student No.	*Grade*	*Admit Date (yyyy/mm/dd)*	*Program*	*Homeroom*

Admit Code

☐ *Beginner(JK/SK)*
☐ *Beginner/DayCare*
☐ *From Native Ed. Auth. School*
☐ *From Other School Board*
☐ *From Outside Canada*
☐ *From other country, born in Canada*
☐ *From Province Outside Ontario*
☐ *From Private School in Ontario*
☐ *Returning after non-attendance*
☐ *From this Board*
☐ *Returning from Exchange*

☐ *Most recent Report Card*

Verified by: _____

(PLEASE PRINT)

STUDENT INFORMATION:

Name: _____ _____ _____
(Legal Last) *(Legal First)* *(Legal Middle)*

Name: _____ _____ _____
(Preferred Last) *(Preferred First)* *(Preferred Middle)*

Date of Birth ___ ___ ___ ___ /___ ___ / ___ ___ (y y y y / m m / d d)

Male ☐ Female ☐

STUDENT CONTACT INFORMATION *(optional)*

Cell Phone __ __ __ - __ __ __ - __ __ __ __

E-mail Address: _____

***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*

HOME ADDRESS:

Proof of Residency Verification Document Shown
***Note**: Principal may require such additional verification documentation as he/she deems necessary to confirm residency.*
1) _____
2) _____

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

HOME PHONE NUMBER: __ __ __ - __ __ __ - __ __ __ __ Listed: Yes ☐ No ☐

Fill in the section below <u>ONLY</u> if country of birth is other than Canada

Verification Document: _____

Yellow ESL Verification Form Complete: *Yes* ☐ *No* ☐

Birth Country _____ Country of Last Residence _____

Status in Canada _____ First Arrival Date in Canada_____ Expiry Date_____

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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 ONT 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)*: _____

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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:
☐ Mother
☐ Father
☐ Foster Parent
☐ Legal Guardian

☐ Access to Child ☐ Guardian ☐ Lives with Student ☐ Access to Records
☐ No Access ☐ Custody ☐ Receives Mail ☐ Speaks School Language

(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:
☐ Mother
☐ Father
☐ Foster Parent
☐ Legal Guardian

☐ Access to Child ☐ Guardian ☐ Lives with Student ☐ Access to Records
☐ No Access ☐ Custody ☐ Receives Mail ☐ Speaks School Language

(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 _____

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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 <u>Required</u> 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.

_____ Date: __ __ __ __ / __ __ / __ __
Signature of Parent/Legal Guardian y y y y m m 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 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.
**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.

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