

Student Application- *Elementary*

School Name: _____



Trillium Student No: _____

(OFFICE USE ONLY)

Ontario Education No. : _____

Admit Date: Y Y Y Y / MTH. / D D

Grade: _____

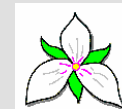
Track: _____

Homeroom: _____

Program: _____

Admit Code:

- Beginner
- From Care/Treat/Corr Facility
- From Private School in Ontario
- Returning from Exchange
- From This Board
- From Outside Canada
- From Other School Board
- From Province Outside of Ontario
- From Native Ed. Auth. School
- Returning after non-attendance



Verified by: _____

S T U D E N T I N F O R M A T I O N	Legal Last Name			Legal First Name			Legal Middle Name				
	Note: Legal Name must be shown on legal document (i.e. birth certificate, passport, etc.) and will appear on all school Official Records.										
	Preferred Last Name <small>(If different from Legal Name)</small>			Preferred First Name <small>(If different from Legal Name)</small>			Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth		Sibling(s): Does the student have any brother(s) or sister(s) in school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Y Y Y Y / MTH. / D D			Y Y Y Y / MTH. / D D			Y Y Y Y / MTH. / D D		Y Y Y Y / MTH. / D D	Y Y Y Y / MTH. / D D	
	Home Address:			Street No. and Name			Apt. #			City	Postal Code
	Home Phone Number: () _____			Listed : Yes <input type="checkbox"/> No <input type="checkbox"/>			Other Phone Number: () _____			Type: _____	
	Proof of Residency Verification Document Shown:										
	1) _____			2) _____			Does the student have Life-threatening allergies (e.g. Anaphylaxis): Yes <input type="checkbox"/> No <input type="checkbox"/>			Is Epi- Pen Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Medical Alert Information or Disability: _____						Office Use Only Proof of Immunization Record Shown Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Health Card or Private Insurance Policy Number _____ (Optional)						Program: Previous School Attended: _____			Has student previously received Special Education support? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous School Board: _____						Type of Program (if known): _____					
Office Use Only - For Funding Purposes			English as Second Language Funding Purposes			Language					
Fees Required If: (Approved by TDSB Admissions Office)			If student is not born in Canada, indicate Country _____			First Language of Student : _____					
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"/>			Arrival Date in Canada _____ Y Y Y Y / MTH. / D D			Second Language Spoken at Home: _____					
If uncertain, please consult or refer parent/guardian to the TDSB Admissions Office at 5050 Yonge St. Main Floor (416) 395-8109/9618			Verification Document shown: _____			If student is born in Canada indicate Province: _____					

Primary Contacts – (Mother/Father/Legal Guardian)

CONTACT

Parent/Legal Guardian

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

Name: _____
Last Name First Name

Relationship to Student:

(Please check one) 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: 1st 2nd 3rd

For Early Closure, contact this person: 1st 2nd 3rd

Guardian Receives Mail

Custody Access to Records

Lives with Student Speaks English

Parent/Legal Guardian

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

Name: _____
Last Name First Name

Relationship to Student:

(Please check one) 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: 1st 2nd 3rd

For Early Closure, contact this person: 1st 2nd 3rd

Guardian Receives Mail

Custody Access to Records

Lives with Student Speaks English

INFORMATION

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 _____

Other Contact

Male Female

Name: _____
Last Name First Name

Home Phone Number: (____) _____
Area Code Listed

Other Phone Number (____) _____
Area Code

Relationship to Student _____

Is this student **currently** under **suspension** from any School or Board? Yes No

Is this student **currently** under **expulsion** from any School or Board? Yes No

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 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