

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

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)

Number Street City/Town Province Postal Code

Check all applicable boxes

Has Access to Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Receives Mail <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"/>

CONTACT 2

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)

Number Street City/Town Province Postal Code

Check all applicable boxes

Has Access to Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Receives Mail <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"/>

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.



CONSENT TO DISCLOSE INFORMATION TO PARENT(S)/LEGAL GUARDIAN(S) – ADULT STUDENTS

When a student reaches the age of 18 years old, the student is an “adult” for the purposes of the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*, which stipulates the adult student’s written consent is required for the school or TDSB to disclose their personal information.

“Personal information” may include report cards, transcripts, attendance record(s), late/absent notifications, excursion forms, and all regular school communications, including any other official record pertaining to the student’s ongoing education at the Toronto District School Board.

In order for the parent(s)/legal guardian(s) to continue receiving information about their adult student’s education (e.g. report cards, parent-teacher interviews) and regular school communications (e.g. absent/late notifications), the TDSB requires the adult student’s written consent as indicated below.

If the adult student does not provide consent, then the school and TDSB will be unable to provide personal information to the adult student’s parent(s)/legal guardian(s) and will communicate with the adult student.

ADULT STUDENT INFORMATION	
Last Name:	First Name:
OEN:	Date of Birth: (YYYY/MMM/DD)
CONSENT TO THE DISCLOSURE OF PERSONAL INFORMATION TO PARENT(S)/LEGAL GUARDIAN(S)	
<input checked="" type="checkbox"/>	I, the adult student as noted above, hereby AGREE and CONSENT to the disclosure of my personal information held by the school or TDSB to my parent(s)/legal guardian(s) as noted below. I understand that I can withdraw this consent in writing at any time.
NAME OF PERSON:	RELATIONSHIP TO ADULT STUDENT:
REFUSAL TO CONSENT TO THE DISCLOSURE OF PERSONAL INFORMATION TO PARENT(S)/LEGAL GUARDIAN(S)	
<input type="checkbox"/>	I, the adult student as noted above, DO NOT CONSENT to the disclosure of my personal information held by the school or TDSB to my parent(s)/legal guardian(s).

SAFETY/EMERGENCY CONTACT ACKNOWLEDGEMENT
I acknowledge that my school will notify my emergency contact(s) under the school’s procedures in the event of a medical and/or other emergency affecting my health and/or safety. I will keep the school informed about my emergency contacts. The school will not provide other personal information about me to other persons except as required or permitted by law. I can withdraw this consent in writing at any time.

I have read and understand the contents, meaning and impact of this consent form, and hereby acknowledge that I can withdraw this consent in writing to the school at any time, and that by not consenting, I assume sole responsibility for this information and will act independently with the school.

_____ *Adult Student Signature*

_____ *Date*

This form is to be filed in the Documentation Folder of the OSR

