



STUDENT REGISTRATION FORM

Student Name: _____

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

Student OEN (Ontario Education Number): _____

<i>Shaded Area for Office Use Only</i>																
<i>Trillium Student No.</i>	<i>Grade</i>	<i>Admit Date (yyyy/mm/dd)</i>	<i>Program</i>	<i>Homeroom</i>												
<p><i>Admit Code</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><i>Beginner(JK/SK)</i></td> <td style="width: 25%;"><i>From Other School Board</i></td> <td style="width: 25%;"><i>From Province Outside Ontario</i></td> <td style="width: 25%;"><i>From this Board</i></td> </tr> <tr> <td><i>Beginner/DayCare</i></td> <td><i>From Outside Canada</i></td> <td><i>From Private School in Ontario</i></td> <td><i>Returning from</i></td> </tr> <tr> <td><i>From Native Ed. Auth. School</i></td> <td><i>From other country, born in Canada</i></td> <td><i>Returning after non-attendance</i></td> <td><i>Exchange</i></td> </tr> </table>					<i>Beginner(JK/SK)</i>	<i>From Other School Board</i>	<i>From Province Outside Ontario</i>	<i>From this Board</i>	<i>Beginner/DayCare</i>	<i>From Outside Canada</i>	<i>From Private School in Ontario</i>	<i>Returning from</i>	<i>From Native Ed. Auth. School</i>	<i>From other country, born in Canada</i>	<i>Returning after non-attendance</i>	<i>Exchange</i>
<i>Beginner(JK/SK)</i>	<i>From Other School Board</i>	<i>From Province Outside Ontario</i>	<i>From this Board</i>													
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<i>Most recent Report Card</i>		<i>Verified by: _____</i>														
(PLEASE PRINT)																
STUDENT INFORMATION:																
Name: _____			_____													
<i>(Legal Last)</i>			<i>(Legal First)</i>													
Name: _____			_____													
<i>(Preferred Last)</i>			<i>(Preferred First)</i>													
Date of Birth _____		Male <input type="checkbox"/> Female <input type="checkbox"/>														
_____		_____														
_____		_____														
_____		_____														
STUDENT CONTACT INFORMATION <i>(optional)</i>																
Cell Phone _____		E-mail Address: _____														
<i>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</i>																
HOME ADDRESS:		<i>Proof of Residency Verification Document Shown</i> 1) _____ <i>Note: Principal may require such additional</i> 2) _____ <i>verification documentation as he/she deems</i> <i>necessary to confirm residency.</i>														
Number _____		Street _____														
Apt. No. _____		Unit No. _____	Suite No. _____													
City/Town _____		Province _____	Postal Code _____													
HOME PHONE NUMBER:		Listed: Yes <input type="checkbox"/> No <input type="checkbox"/>														
Fill in the section below <u>ONLY</u> if country of birth is other than Canada		<i>Verification Document:</i> _____														
		<i>Yellow ESL Verification Form Complete:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>														
Birth Country _____		Country of Last Residence _____														
Status in Canada _____		First Arrival Date in Canada _____	Expiry Date _____													

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:**

<i>Proof of Literacy Test Result Received:</i>	Yes
<i>Transcript Attached:</i>	Yes
<i>First Entered ONT Sec. Schools after Grade 9:</i>	Yes
<i>Cohort Year:</i>	_____ (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**

<i>Proof of Immunization Record Shown</i>	Yes	No
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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) Metis Ancestry Inuit Ancestry Indigenous person outside of Canada 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: _____
 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 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.