



Kawartha Pine Ridge District School Board

STUDENT REGISTRATION FORM

CONFIDENTIAL

School of Registration:

[Empty box for School of Registration]

Start Date:

[Empty box for Start Date]

Legal Documents Verified: Yes [ ] No [ ]

Student Information

Last Name (Legal) First Name (Legal) Middle Name (Legal)

Last Name (Preferred) First Name (Preferred) Middle Name (Preferred)

Male [ ] Female [ ] Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ (DD/MM/YYYY) Current Grade: \_\_\_\_\_

OEN: \_\_\_\_\_ Years in Secondary School: \_\_\_\_\_

Name of school most recently attended: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ School Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

First entered Ontario Secondary School after grade 9? Yes [ ] No [ ]

Does the student have an Individual Education Plan (IEP)? Yes [ ] No [ ]

Not to be entered into Trillium. Pass this information to Resource Staff.

Is the student currently under suspension and/or expelled from a school and/or board? Yes [ ] No [ ]

Siblings

If the student has brothers or sisters in this school, please complete:

Name Name
1) \_\_\_\_\_ 3) \_\_\_\_\_
2) \_\_\_\_\_ 4) \_\_\_\_\_

Medical

Emergency Response Plan:

If your child has any medically diagnosed and potentially life threatening circumstances such as anaphylactic reactions, diabetes, seizures or asthma, please notify the Principal immediately. An individualized Emergency Response Plan (ERP) will be developed by the parent/guardian and the Principal to address your child's individual needs.

Immunization Record Received: Yes [ ] No [ ]

Medication: are routine medications needed? Yes\* [ ] No [ ]

If YES, give details \_\_\_\_\_

\*If administered at school, please complete the "Authorization for Medication Form".

Health Problems: are there restrictions which may affect school work or physical activity? Yes [ ] No [ ]

If YES, give details \_\_\_\_\_

If your child has significant health factors, please describe below: Life Threatening

Yes [ ] No [ ]

Yes [ ] No [ ]

**Residency**

Country of Citizenship to be completed for **ALL** students:

**Legal Documents Verified: Yes  No**   
**ESL/ELD Confirmation Form Completed: Yes  No**

*Copy to be forwarded to Supervisor, School Business Operations*

Birth Country: \_\_\_\_\_ Province of Birth: \_\_\_\_\_ Country of Last Residence: \_\_\_\_\_  
(if born in Canada) (only if other than Canada)

Status in Country (Canada)

Canadian Citizen  Landed Immigrant  Student Visa  Other Visa  Refugee

Arrival Date in Canada: \_\_\_\_\_ Arrival Date in Ontario: \_\_\_\_\_  
(if country of birth is other than Canada)

**Language Information:**

First Language: \_\_\_\_\_ Language(s) Spoken at Home: \_\_\_\_\_

Other Languages: \_\_\_\_\_

**Are you a Non-First Nation (Non-Indigenous) student living on a Reserve?**

Yes  No  If yes, fees **MUST** be paid by parent/guardian prior to entry.  
Contact Financial Services at extension 2255 for information.

**If the student is part of a tuition agreement, please check appropriate box:**

Alderville  Curve Lake  Hiawatha

**VOLUNTARY FIRST NATION, MÉTIS and INUIT SELF-IDENTIFICATION**

All parents/guardians of indigenous students and students where they are 18 years or older, have the right to voluntarily self-identify. By self-identifying, you help us to monitor the success of the programs and services we offer and identify ways we can support indigenous students so that they meet with success. (Please see Board Policy No. ES-3.13, First Nation, Métis and Inuit Voluntary Self-Identification, for additional information.)

**If the student is considered to be of Indigenous ancestry, please check appropriate box:**

First Nation (Status or Non-Status)  Métis  Inuit

**Address**

**Student Home Address**

*Proof of Address Received: Yes  No*

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

City/Town \_\_\_\_\_ Township \_\_\_\_\_ Emergency 911# \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Unlisted

E-mail Address \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Student Mailing Address (if different from home address)**

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

Rural Route No. \_\_\_\_\_ Post Office Box No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Legal Documents Received: Yes  No

**CONTACT INFORMATION: Please complete ALL applicable boxes.**

Legal documentation must be provided if **NO Access** is selected for a parent/guardian listed.

Complete contact priority based on the order to be notified in the case of an emergency or closure.

**Do not give more than one contact the same priority number. Each student must have a priority 1 contact.**

Canada's anti-spam legislation ("**CASL**") prevents Kawartha Pine Ridge District School Board from sending any electronic message which is commercial in nature without your consent. Examples of commercial messages includes invitations to purchase school photographs, spirit wear, yearbooks, pizza days, special events and field trips, etc. These may be direct messages or could be included in school newsletters. If you consent to receiving commercial electronic messages for these purposes from Kawartha Pine Ridge District School Board, including its schools and school councils, please provide your email address in the contact information below.

Your consent to receive these messages can be revoked at any time by contacting the school office.

**Parent/Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Gender Male  Female

Access to student  Guardian  Lives with student  Access to Records   
No Access  Custody  Receives Mail  Speaks School Language

**Circle: Emergency Priority: 1 2 3 4**

**Circle: School Closure Priority: 1 2 3 4**

Home Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ \*E-mail \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_  
Home Address (complete ONLY if different from student)

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ 911# \_\_\_\_\_

RR# \_\_\_\_\_ PO Box \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Parent/Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Gender Male  Female

Access to student  Guardian  Lives with student  Access to Records   
No Access  Custody  Receives Mail  Speaks School Language

**Circle: Emergency Priority: 1 2 3 4**

**Circle: School Closure Priority: 1 2 3 4**

Home Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ \*E-mail \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_  
Home Address (complete ONLY if different from student)

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ 911# \_\_\_\_\_

RR# \_\_\_\_\_ PO Box \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

<b>Other</b>	Last Name _____ First Name _____
	Relationship _____ Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
	Access to student <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Access to Records <input type="checkbox"/> No Access <input type="checkbox"/> Custody <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language <input type="checkbox"/>
	<b>Circle: Emergency Priority: 1 2 3 4</b> <b>Circle: School Closure Priority: 1 2 3 4</b>
	Home Phone Number: (____) ____ - ____ Cell Phone Number: (____) ____ - ____ *E-mail _____
	Home Address (complete ONLY if different from student)                      Business Phone: (____) ____ - ____ ext. ____ Number _____ Street _____ Apt. No. _____ Unit No. _____ 911# _____ RR# _____ PO Box _____ City/Town _____ Province _____ Postal Code _____

<b>Information Release</b>	<b>Information Release</b>
	1. I give permission for my child and my child's image, art work, articles and school projects to be included in Teacher/School/School Board websites, publications, videos and video conferencing. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	2. I give permission for the news media to interview my child, publish or broadcast photos or videos of my child and/or publicize my child's work. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	3. Teachers may wish to take a class on walking trips in the area of the school. Teachers carefully plan and supervise these walking trips, so that they are appropriate for the students' age and grade level. I give permission for my child to participate in such walking trips. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
	<b>Parent/Guardian Comments</b> _____ _____

Student personal information is collected during registration and while attending school pursuant to the Education Act. It will be used for planning, administration, programming, for the provision of continued education, school to home communications and to establish the Ontario Student Record which contains information conducive to the improvement of instruction. Limited information may be disclosed beyond the board for purposes such as yearbooks, provision of transportation, medical care, child care and accident information to the board's insurer. Parent/Guardian email addresses will be used by the Board's Student Transportation provider in order to facilitate communication regarding bus eligibility. On-line digital tools and resources will be used in accordance with Kawartha Pine Ridge District School Board's roles, responsibilities, guidelines and the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) legislation for the purpose of education. Questions about the information collected on this form should be directed to the Principal of the school.

I understand that it is my responsibility to immediately advise the school of any changes in any of the information stated on this form.

I hereby certify that the above information is accurate to the best of my knowledge.

Date	Signature (Parent or Guardian)
Date	Signature (Principal)

<b>Office Use Only:</b>						
Track _____	Date of Entry _____	Student # _____	OEN# _____	Homeroom _____	English _____	French _____
<b>Proof of Birth:</b> Baptismal Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Other _____						