



Kawartha Pine Ridge District School Board

STUDENT REGISTRATION FORM

CONFIDENTIAL

School of Registration: _____ Start Date: _____

Student Information

Legal Documents Verified: Yes No

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

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

Male Female Prefer to not Disclose Prefer to Specify _____

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 Aspen. 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:

Table with 2 columns: Name, Name. Rows 1-4 for sibling information.

Medical

Plan of Care:

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 Plan of Care 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

Residency

Country of Citizenship to be completed for ALL students:

Legal Documents Verified: Yes No

ESL Eligibility Confirmation Form Completed: Yes No (If applicable, Pupil Eligibility Attestation Form)

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

Status in Country (Canada)

Canadian Citizen Permanent Resident Refugee

Student Visa Other Visa Visa Expiry Date: ___/___/_____
(DD/MM/YYYY)

(if country of birth is other than Canada)

Arrival Date in Canada: ___/___/_____
(DD/MM/YYYY) Arrival Date in Ontario: ___/___/_____
(DD/MM/YYYY)

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 1-877-741-4577, extension 2255 for information.

If the student is part of a tuition agreement, please check the 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 us from sending any electronic message which is commercial in nature without your consent. (e.g., purchasing school photographs, spirit wear, yearbooks, pizza days, special events, field trips, etc.). If you consent to receiving such electronic messages from Kawartha Pine Ridge District School Board, the school and school council, please provide your email address in the contact information below. Your contact information also may be used by the school board to provide information related to education or operation of schools.

You can revoke your consent to receive these messages 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 _____

Other	Last Name _____ First Name _____	
	Relationship _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
	Access to student <input type="checkbox"/> No Access <input type="checkbox"/>	Guardian <input type="checkbox"/> Custody <input type="checkbox"/>
	Lives with student <input type="checkbox"/> Receives Mail <input type="checkbox"/>	Access to Records <input type="checkbox"/> Speaks School Language <input type="checkbox"/>
	Circle: Emergency Priority: 1 2 3 4	
	Circle: School Closure Priority: 1 2 3 4	
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 _____		

Information Release	Information Release
	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. Yes <input type="checkbox"/> No <input type="checkbox"/>
	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. Yes <input type="checkbox"/> No <input type="checkbox"/>
	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. Yes <input type="checkbox"/> No <input type="checkbox"/>
	4. I give permission for the reciprocal exchange of information between the school and the <u>onsite</u> child care program, including but not limited to, matters involving your child's educational supports, attendance, health and safety, transportation or behaviour. Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian Comments	

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, 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 for 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 and communication. 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)

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