

Secondary Student Registration Form

Information on this form will be used for home/school communications, planning and programming such as transportation, and to establish the Ontario Student Record.

PLEASE PRINT

Student Information

Legal Name - Family Name, First Name and Middle Name	
Preferred Name - Last Name, First Name	
Date of Birth: (yyyy/mm/dd)	Siblings at This School: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade Name: _____
#/Street	Unit # City/Town
P.O. Box or RR#	Township Postal Code
Home Phone #	Listed <input type="checkbox"/> Unlisted <input type="checkbox"/>
Country of Birth: _____	Country of Last Residence: _____
Province of Birth: _____	Arrival Date: _____
Country of Citizenship: _____	Reentry into Ontario Date: _____
Status In Canada: _____	First Language: _____
Main Language Spoken at Home: _____	
If the student is considered to be of Aboriginal ancestry, please check all categories that apply:	
First Nation <input type="checkbox"/>	Métis <input type="checkbox"/> Inuit <input type="checkbox"/>

Medical Alert Information/Disability/Allergies:

Student Identification Through IPRC Yes <input type="checkbox"/> No <input type="checkbox"/>	Student has an IEP Yes <input type="checkbox"/> No <input type="checkbox"/>
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Parent/Guardian Information #1

Name - Last Name, First Name:	
Relationship to Student:	Gender <input type="checkbox"/> M <input type="checkbox"/> F Salutation:
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	School Closure Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Guardian: <input type="checkbox"/> Custody: <input type="checkbox"/> Lives with Student: <input type="checkbox"/> Special Custody: <input type="checkbox"/>	Access to Records: <input type="checkbox"/> Speaks School Language: <input type="checkbox"/> Receives Mail: <input type="checkbox"/>
Home Phone #	Business Phone # ext.
Cell Phone #	E-mail Address:
Address (if different from student) #/Street:	
Unit # City/Town	P.O. Box or RR# Township Postal Code

Parent/Guardian Information #2

Name - Last Name, First Name:	
Relationship to Student:	Gender <input type="checkbox"/> M <input type="checkbox"/> F Salutation:
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	School Closure Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Guardian: <input type="checkbox"/> Custody: <input type="checkbox"/> Lives with Student: <input type="checkbox"/> Special Custody: <input type="checkbox"/>	Access to Records: <input type="checkbox"/> Speaks School Language: <input type="checkbox"/> Receives Mail: <input type="checkbox"/>
Home Phone #	Business Phone # ext.
Cell Phone #	E-mail Address:
Address (if different from student) #/Street:	
Unit # City/Town	P.O. Box or RR# Township Postal Code

Emergency Contact Information			
Name - Last Name, First Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Student:		Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Home Phone #		School Closure Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Business Phone #		Cell Phone #	
E-mail Address:			
Educational Background			
Previous School Attended:			
Address #/Street			
City:	Province/State:	Country:	Postal Code:
Previous Board Attended:			
Departure Date:		Last Grade Attended:	
Home School (if attending on a transfer):			
Transfer Reason:		First Entry into Secondary School (yyyy/mm/dd)	
Has your child ever been expelled from another school? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, was the student re-admitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this student currently under suspension from any school? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, Name of School:
Notice to Parents			
<p>Personal information is collected at registration under the authority of the Education Act and will be used for planning and programming, home and school communications and to establish the Ontario Student Record. Direct any questions about this form to the school principal.</p> <p>I hereby certify that the above information contained on this form is accurate</p>			
Signed (Parent/Guardian)		Date:	
Print Name (Parent/Guardian):			
Office Use Only			
<p>The '<i>Required Documentation</i>' form MUST be signed and attached to this Registration form then filed in the OSR and remain until 5 years post retirement.</p>			

Office Use Only

Elementary and Secondary Registration - Required Documentation

Student Number:		OEN#:	
Track:	Grade:	Homeroom:	Register:
Program:	Admit Date:	Admit Code:	Status:
Pupil of the Board:		Funding Source:	
Bussing Required: <input type="checkbox"/> Y <input type="checkbox"/> N		Age Verification:	
OSR Status:	Requested Date:	Received Date:	
OEN Status:	Requested Date:	Received Date:	

Note: Birth Verification Documents can be copied for future OEN verification. Once that occurs the record MUST be destroyed.

Check appropriate boxes below then verify accuracy by completing the **Sign Off** section at the bottom of the document.

School Records

- Transcript Most Recent Report Card
- OSSLT Community Involvement Hours Completed _____

Birth Verification

- Birth Certificate/Statement of Live Birth/Birth Registration Passport
- Refugee Claimant Form (IMM 1442) Citizenship Card
- Permanent Resident Card (PRC) (Maple Leaf Card) Record of Landing (IMM 1000)
- Confirmation of Permanent Residence (IMM 5292) Certificate of Indian Affairs
- Baptismal Certificate

Proof of Residency

- Tax Bill Tax Roll # _____ Lease Rental Agreement
- Proof of Purchase Letter of Residency Bank Statement

Citizenship and Immigrations Papers Permit

****DO NOT COPY Document(s)****

- Permanent Resident Fee Paying Expiry Date (yyyymmdd)
- Refugee Documents
- Convention Refugee Study Expiry Date (yyyymmdd)
- Visitor Card Expiry Date (yyyymmdd)
- (Fee Paying) Work Expiry Date (yyyymmdd)

Custody or Guardianship

- Yes Copy filed in OSR

Tax Support

- Public Separate Direction of School Support Form completed and filed in OSR. Permission to Attend Form

ESL/ELD and Special Education

ESL/ELD Code	Special Education:	Student has IEP:	Alternative Program	<input type="checkbox"/> Yes
Level:	ISA Claim (Circle Level) 1 2 3 4	<input type="checkbox"/> Yes	French Immersion	<input type="checkbox"/> Yes

Sign Off - This form is to be completed and attached to the Registration Form.

Documentation Verified by: _____ Date: _____

Registration Entered By: _____ Date: _____

BSID#: _____ Entry Date: _____ Entry Code: _____