

STUDENT REGISTRATION FORM

School Name: _____ Date: _____

FOR OFFICE USE ONLY

Date of Entry _____ Homeroom _____ Grade _____
Home School _____ OEN Number _____ ESL _____

STUDENT INFORMATION

Legal Surname _____ First Name _____ Middle Name _____

Preferred Surname _____ Preferred First Name _____

Date of Birth _____ / _____ / _____ Gender Male Female
(year/month/day)

Date of Birth Verification (Please check one of the following.)

Baptismal Record Birth Certificate Birth Registration Immigration Document Passport

Verification of Documentation for School Registration (from Welcome Centre) Other _____

Language(s) Spoken in the Home _____ First Language _____

PREVIOUS SCHOOL ATTENDED

School Name _____ School Board _____

City _____ Date Left _____

Phone Number _____ Fax Number _____

CITIZENSHIP - If country of birth is other than Canada, please complete this section:

Birth Country _____ Arrival Date (into Canada) _____

Status in Canada (Please check one of the following.) Signature from Welcome Centre _____

Canadian Citizen Convention Refugee Refugee Claimant Permanent Resident

Study Permit (Fee-paying Student) Other Visa _____ Parental Work/Study Permit _____

Verification Document Provided (from above) _____ Expiry Date _____

Country of Last Residence _____ Country of Citizenship _____

FIRST NATIONS, METIS OR INUIT ANCESTRY - (Voluntary and Confidential Self Identification)

- First Nations (living on or off Reserve)
 Metis
 Inuit

Information gathered on First Nation, Métis, Inuit ancestry will help the DSBN learn more about aboriginal student achievement and allocate resources and supports to improve learning and student success. Any email address provided by you may be used to communicate with you. Some of these messages may be commercial in nature. Questions about the collection of this information should be directed to the Principal of the school.

MEDICAL INFORMATION

Medical Condition (Serious medical alerts, chronic illnesses, allergies and treatment or medication needed should be noted.)

Doctor's Surname _____ First Name _____

Doctor's Phone Number _____

STUDENT HOME ADDRESS Verification of home address (*utility bill, rental agreement, etc.*) No Yes Type _____
 Number _____ Street _____ Unit No. _____ Unit Type: Apt. Unit Suite
 Additional Delivery Information _____
 City/Town _____ Township _____ Postal Code _____
 Home Phone No. _____ Listed Unlisted

TRANSPORTATION INFORMATION
If this student will be staying with a sitter or child care provider on a consistent basis, please complete the following information for use by transportation:
 Pick Up Address (before school)
 Number _____ Street _____ Unit No. _____ Unit Type: Apt. Unit Suite
 City/Town _____ Township _____ Postal Code _____
 Additional Delivery Information _____
 Phone Number of Contact _____
 Drop off Address (after school)
 Number _____ Street _____ Unit No. _____ Unit Type: Apt. Unit Suite
 City/Town _____ Township _____ Postal Code _____
 Additional Delivery Information _____
 Phone Number of Contact _____

It is important you select the correct Emergency Priority and Closure Priority in the contact information on the following pages. This is to ensure the correct person is contacted in an emergency situation. Throughout the parents/guardians and contacts, please use #1 only once, #2 only once, #3 only once, etc.
 Definitions: Emergency Priority: The person to be contacted in case of an emergency.
 School Closure Priority: The person to be contacted in case of school closure.
 School Emergency Dismissal Procedures (*Please check one of the following*)
 Keep at school Send home by bus or taxi Dismiss immediately
(until designated pick up) (if normal means of transportation)
 Send home with older sibling Sibling's Name _____ Grade _____
(If the student is JK, they cannot be sent home with an older sibling.)

 Signature of Mother Signature of Father Signature of Legal Guardian

SIBLING INFORMATION Sibling Information: (*If the student has siblings in this school, please indicate the name.*)
 1) _____ 3) _____
 2) _____ 4) _____

PARENT/GUARDIAN INFORMATION
 Parent Stepparent Foster Parent Legal Guardian
 Emergency Priority: 1 2 3 4 5 (*Please circle one choice: 1 = high, 5 = low*)
 School Closure Priority: 1 2 3 4 5 (*Please circle one choice: 1 = high, 5 = low*)
 Surname _____ First Name _____ Mrs. Ms. Miss Mr. Dr.
 Address: (*Complete if different from student's home address.*)
 Number _____ Street _____ Unit No. _____ Unit Type: Apt. Unit Suite
 Additional Delivery Information _____
 City/Town _____ Township _____ Postal Code _____
 LEGAL CUSTODY Yes No LIVES WITH STUDENT Yes No ACCESS TO RECORDS Yes No
 ACCESS TO STUDENT Yes No RECEIVES MAIL Yes No
 Place of Employment _____ Business Number _____ Ext. _____
 Home Phone Number _____ Unlisted Cell Phone Number _____
 Primary Email Address (CASL) _____ Subscribe Unsubscribe
 Alt 1 Email Address (CASL) _____ Subscribe Unsubscribe Refer to pg. 4
 Alt 2 Email Address (CASL) _____ Subscribe Unsubscribe CASL CONSENT.

PARENT/GUARDIAN INFORMATION

Parent Stepparent Foster Parent Legal Guardian

Emergency Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)
School Closure Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)

Surname _____ First Name _____ Mrs. Ms. Miss Mr. Dr.

Address: (complete if different from student's home address)

Number _____ Street _____ Unit No. _____ Unit Type: Apt. Unit Suite

Additional Delivery Information _____

City/Town _____ Township _____ Postal Code _____

LEGAL CUSTODY Yes No LIVES WITH STUDENT Yes No ACCESS TO RECORDS Yes No
ACCESS TO STUDENT Yes No RECEIVES MAIL Yes No

Place of Employment _____ Business Number _____ Ext. _____

Home Phone Number _____ Unlisted Cell Phone Number _____

Primary Email Address (CASL) _____ Subscribe Unsubscribe

Alt 1 Email Address (CASL) _____ Subscribe Unsubscribe

Alt 2 Email Address (CASL) _____ Subscribe Unsubscribe

Refer to pg. 4
CASL CONSENT.

If you are providing daycare information, enter a Contact Name from the daycare centre. Enter Daycare in Relationship to Student. Enter Name of Daycare in Place of Employment.

CONTACT INFORMATION

(if a parent cannot be contacted during the day)

Emergency Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)
School Closure Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)

Surname _____ First Name _____ Mrs. Ms. Miss Mr. Dr.

Relationship to the student _____

(i.e., Guardian, Grandparent, Stepparent, Foster Parent, Sitter, Aunt, Uncle, Brother, Sister, Friend, Daycare)

Address

Number _____ Street _____ Unit No. _____ Unit Type: Apt. Unit Suite

Additional Delivery Information _____

City/Town _____ Township _____ Postal Code _____

GUARDIAN Yes No LIVES WITH STUDENT Yes No ACCESS TO RECORDS Yes No
ACCESS TO STUDENT Yes No RECEIVES MAIL Yes No

Place of Employment _____ Business Number _____ Ext. _____

Home Phone Number _____ Unlisted Cell Phone Number _____

CONTACT INFORMATION

(if a parent cannot be contacted during the day)

Emergency Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)
School Closure Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)

Surname _____ First Name _____ Mrs. Ms. Miss Mr. Dr.

Relationship to the student _____

(i.e., Guardian, Grandparent, Stepparent, Foster Parent, Sitter, Aunt, Uncle, Brother, Sister, Friend, Daycare)

Address

Number _____ Street _____ Unit No. _____ Unit Type: Apt. Unit Suite

Additional Delivery Information _____

City/Town _____ Township _____ Postal Code _____

GUARDIAN Yes No LIVES WITH STUDENT Yes No ACCESS TO RECORDS Yes No
ACCESS TO STUDENT Yes No RECEIVES MAIL Yes No

Place of Employment _____ Business Number _____ Ext. _____

Home Phone Number _____ Unlisted Cell Phone Number _____

FREEDOM OF INFORMATION

In order for the school to release personal information, we must comply with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, 1990.

If your child is under the age of 18 years, do you consent to the student's name, photograph, image and/or audio recording and/or accomplishments being released:

- in school or DSBN publications (e.g., newsletters, yearbook, annual report etc)? Yes No
- to the media? (radio, television, newspapers including their online and social media channels)? Yes No
- in school or DSBN Electronic Publications, (including webpages and social media)? Yes No

Personal information contained on this form and any other correspondence relating to involvement in Board programs is collected under the authority of s.170, s.190, s.264, and/or s.265 of the Education Act and Sabrina's Law and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). It will be used in the Ontario Student Record and for registration, administrative, communication, educational and reporting purposes. The information may be shared with other educational support workers employed by the District School Board of Niagara or with other employees to carry out their job duties or with providers of student transportation or child care. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement or in accordance with any other Act. Medical information will be shared with those transporting students in order to ensure their health and safety.

CASL CONSENT

To continue receiving electronic communications from your child's school and the DSBN, Canada's Anti-Spam Legislation (CASL) requires that you provide us with your consent. This requirement came into effect on July 1, 2014. Your preference will be saved in the DSBN student database.

INTERSCHOOL ATHLETIC PROGRAM

According to the Administrative Procedure entitled Permission to Participate in Interschool Athletic Program, student athletes must complete a Permission to Participate Form for each sport. This form includes medical and personal information needed by a coach in case of emergency. The District School Board of Niagara recommends an annual medical examination for students who participate in interschool sports. These forms, or copies of the forms, should be readily accessible by the coach at all times. This includes all practices and games.

USE OF BOARD TECHNOLOGY

The use of District School Board of Niagara's digital technology is a resource and a technological tool for lifelong learning. According to Administrative Procedure "4-02 Digital Technology Use by Students", the District School Board of Niagara expects schools to implement the administrative procedure relative to the proper application of Digital Citizenship Guidelines. In order for students to access the Internet and Intranet services both students and parents/guardians will complete and sign an "I.T. Digital Citizenship Agreement" provided by the school which is an agreement by students to abide by all directions established by the District School Board of Niagara's "Digital Technology Use by Students" policy. Students who have not completed and submitted the "I.T. Digital Citizenship Agreement" will be prohibited from using the Board's Digital Technological resources.

STUDENT REGISTRATION INFORMATION:

Activity Fee _____

Yearbook Fee _____

Workbook Fee _____

Grad Fee _____ Total _____

FOR OFFICE USE ONLY

Number _____

Combination _____

Serial Number _____



PLEASE PRINT ALL INFORMATION