

# Registration Student Information Form

<b>School:</b>		French Immersion (F. I.) Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal Surname: _____	First Name: _____	Middle Name: _____
Child prefers to be called: _____	D.O.B.: Y_____/M____/D____	Female <input type="checkbox"/> Male <input type="checkbox"/>
<i>Requested Surname (if different from parent) must have a written request from parent. – OSR Guidelines 10.1</i>		
Address: _____		
City/Town: _____	Postal Code: _____	Phone: 519- _____

Student resides with:

Birth Parents  Birth Parents Separately (Joint Custody)  Father  Mother  Legal Guardians  Foster Parents

Birth Country (*other than Canada*): \_\_\_\_\_ Canadian Citizen Yes  No

IF you wish to voluntarily self-identify your child as Aboriginal, please check the appropriate box.

First Nation  Métis  Inuit

Languages spoken in the home: English  Other  (please specify) \_\_\_\_\_

Is anyone restricted from picking up your child? No  Yes  Legal Document Submitted: No  Yes

IF yes, Comment: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY PARENTS, THEN**

1) \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2) \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In case of early dismissal, where does the child go? Home  Other  Please specify below:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2<sup>nd</sup> Child

Legal Surname: _____	First Name: _____	Middle Name: _____
Child prefers to be called: _____	D.O.B.: Y_____/M____/D____	Female <input type="checkbox"/> Male <input type="checkbox"/>
IF you wish to voluntarily self-identify your child as Aboriginal, please check the appropriate box.	First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>	F. I. Yes <input type="checkbox"/> No <input type="checkbox"/>

## 3<sup>rd</sup> Child

Legal Surname: _____	First Name: _____	Middle Name: _____
Child prefers to be called: _____	D.O.B.: Y_____/M____/D____	Female <input type="checkbox"/> Male <input type="checkbox"/>
		F. I. Yes <input type="checkbox"/> No <input type="checkbox"/>

## 4<sup>th</sup> Child

Legal Surname: _____	First Name: _____	Middle Name: _____
Child prefers to be called: _____	D.O.B.: Y_____/M____/D____	Female <input type="checkbox"/> Male <input type="checkbox"/>
		F. I. Yes <input type="checkbox"/> No <input type="checkbox"/>

Other mailing address(s) for parent/guardians with shared custody

Name:		Address:	
City/Town:		Postal Code:	Phone: 519-
Guardian <input type="checkbox"/>	Custody <input type="checkbox"/>	Access to Records <input type="checkbox"/>	Lives with student <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Receives Mail <input type="checkbox"/>
Name:		Address:	
City/Town:		Postal Code:	Phone: 519-
Guardian <input type="checkbox"/>	Custody <input type="checkbox"/>	Access to Records <input type="checkbox"/>	Lives with student <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Receives Mail <input type="checkbox"/>
Name:		Address:	
City/Town:		Postal Code:	Phone: 519-
Guardian <input type="checkbox"/>	Custody <input type="checkbox"/>	Access to Records <input type="checkbox"/>	Lives with student <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Receives Mail <input type="checkbox"/>
Name:		Address:	
City/Town:		Postal Code:	Phone: 519-
Guardian <input type="checkbox"/>	Custody <input type="checkbox"/>	Access to Records <input type="checkbox"/>	Lives with student <input type="checkbox"/> Speaks School Language <input type="checkbox"/> Receives Mail <input type="checkbox"/>

**Image or Audio Recording:**

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, Part II, it is necessary that consent/release/waiver forms are obtained for the imaging or audio recording of children in a special situation.

I hereby give , do not give  permission for : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to take part in a school event with the understanding that media representatives (newspapers, magazines, and radio or television stations) may be present at these events and may wish to interview, photograph or videotape your child.

I further understand that the image or audio recording will remain the property of Lambton Kent District School Board, and that these may be made available to other educators, educational institutions, public service organizations and public media organizations.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**School Use Only**

O.E.N.:		Student ID Number:		Date of First Entry to School Y / M / D	
Siblings at this school: Yes <input type="checkbox"/> No <input type="checkbox"/>		Teacher:		Room #:	Grade:
Names & Grades of Siblings					
Age Verification: Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/> _____					
OSR Requested <input type="checkbox"/> Transportation Notified <input type="checkbox"/> Entered into Trillium _____					