

**STUDENT SCHOOL REGISTRATION FORM**  
"NAME OF YOUR SCHOOL APPEARS HERE"

**FOR OFFICE USE ONLY:**

Current Date: \_\_\_\_\_ School Year: 20\_\_\_\_ - 20\_\_\_\_ Program:  Regular  French Immersion

First Date of Attendance: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Student #: \_\_\_\_\_ OEN #: \_\_\_\_\_ Funding:  Pupil of the Board  Other Pupil  
( Native Ed Auth  Int'l Tuition)

Entry Type:  Beginner  This Board  Other Board  Other Country/Province  Other \_\_\_\_\_

**STUDENT INFORMATION (Please Print):**

**Legal Name (as it appears on supporting documentation):**

Legal Surname	Legal First Name	Legal Middle Name(s)
---------------	------------------	----------------------

**Note:** Legal name must be recorded as shown on legal documents (i.e. Birth Certificate, Passport) and will appear on all official school records (i.e. Report Cards/Transcripts).

**Preferred Name (If different, requires a written request from the parent – OSR Guidelines 10.1):**

Preferred Surname	Preferred First Name	Preferred Middle Name(s)
-------------------	----------------------	--------------------------

**Gender:**  Male  Female      **Date of Birth:** Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**Does the student have siblings in the school?**  YES  NO    If yes, please list siblings:

--	--	--	--

**Home Address:**

Street/911 Number	Street/Road Name	Apt/Unit #	City/Town	Postal Code
-------------------	------------------	------------	-----------	-------------

**Mailing Address (if different from above):**

RR #	PO Box #	Apt/Unit #	City/Town	Postal Code
------	----------	------------	-----------	-------------

**Home Phone Number:** (\_\_\_\_) \_\_\_\_\_  Unlisted      **Transportation:**  Bus  Other (Specify): \_\_\_\_\_

**Is anyone restricted from picking up your child?**  YES  NO    If yes, legal documentation to be submitted to the School Principal.

<p><b>FOR OFFICE USE ONLY:</b></p> <p><b>Proof of Legal Name/Date of Birth/Gender (OEN Validation):</b></p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Statement of Live Birth (long form)</p> <p><input type="checkbox"/> Other: _____</p> <p>Country of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Other: _____</p>	<p><b>Proof of Residential Address:</b></p> <p><input type="checkbox"/> Current Utility Bill (Gas, Hydro)</p> <p><input type="checkbox"/> Current Property Tax Bill</p> <p><input type="checkbox"/> Current Home Phone/Cable/Internet Bill (cell phone not acceptable)</p> <p><input type="checkbox"/> Current Agreement of Purchase &amp; Sale</p> <p><input type="checkbox"/> Other: Please Specify _____</p> <p style="text-align: center;">NOTE: A Driver's Licence is <b>not</b> acceptable for audit purposes.</p>
---	--

**LANGUAGE(S) SPOKEN:** Language First Learned (mother tongue): \_\_\_\_\_ Language(s) Spoken at Home: \_\_\_\_\_

**INDIGENOUS STUDENT SELF-IDENTIFICATION OF FIRST NATIONS, MÉTIS, INUIT ANCESTRY:**  
Collection of this information is voluntary and confidential. No proof of status or ancestry is required. If you wish to voluntarily self-identify your child as Indigenous, please check the appropriate box below:

First Nations (Status/Non-Status)   
  Métis   
  Inuit   
  No FNMI Affiliation

*Note: Information gathered helps the Lambton Kent DSB learn more about Indigenous student achievement, and the allocation of resources and supports to improve learning and student success.*

**HEALTH INFORMATION:**    Note: First time registrants are required to provide immunization information to the local Health Unit.

Asthma   
  Anaphylaxis   
  Diabetes   
  Epilepsy/Seizure Disorder   
  Other \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION:**  Not Applicable/Beginner

Previous School Board: \_\_\_\_\_ Name of School: \_\_\_\_\_

Last Attended: \_\_\_\_\_ Grade at Previous School: \_\_\_\_\_ Reason for Transfer: \_\_\_\_\_

Has student ever attended an LKDSB School in the past?  YES  NO    If yes, name of school: \_\_\_\_\_

IEP:  Yes  No      SHSM:  Yes  No      Is student currently suspended or expelled from a school and/or board?  Yes  No

**PARENT/LEGAL GUARDIAN INFORMATION:**Custody:\*\*  Both Parents  Mother Only  Father Only  Shared  Joint  Guardian  AgencyLiving With:  Both Parents  Mother Only  Father Only  Guardian  Agency  Other \_\_\_\_\_**\*\*Note:** A written Custody Agreement or Court Order should be provided to the Principal at time of registration in situations where custody is restricted.**PARENT/GUARDIAN CONTACT 1:**

TITLE	SURNAME	FIRST NAME	MIDDLE NAME	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Place of Employment: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_ (\*If e-mail address is provided, CASL Consent Form is required.)

Same As Student's Home Address  OR: \_\_\_\_\_  
#/911 Street/Road Apt # City/Town Postal Code

<b>Has Access to Student:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Check All Applicable Boxes:</b> <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Receives Mail <input type="checkbox"/> Has Custody <input type="checkbox"/> Has Access to Records <input type="checkbox"/> Lives With Student <input type="checkbox"/> Speaks English
	<b>Emergency Contact Priority:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <b>School Closure Priority:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third

**PARENT/GUARDIAN CONTACT 2:**

TITLE	SURNAME	FIRST NAME	MIDDLE NAME	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Place of Employment: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_ (\*If e-mail address is provided, CASL Consent Form is required.)

Same As Student's Home Address  OR: \_\_\_\_\_  
#/911 Street/Road Apt # City/Town Postal Code

<b>Has Access to Student:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Check All Applicable Boxes:</b> <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Receives Mail <input type="checkbox"/> Has Custody <input type="checkbox"/> Has Access to Records <input type="checkbox"/> Lives With Student <input type="checkbox"/> Speaks English
	<b>Emergency Contact Priority:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <b>School Closure Priority:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third

**ALTERNATE EMERGENCY CONTACT (For emergency or inclement weather situations in case parent/guardian is not available):**

TITLE	SURNAME	FIRST NAME	MIDDLE NAME	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Same As Student's Home Address  OR: \_\_\_\_\_  
#/911 Street/Road Apt # City/Town Postal Code

<b>Has Access to Student:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Check All Applicable Boxes:</b> <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Receives Mail <input type="checkbox"/> Has Custody <input type="checkbox"/> Has Access to Records <input type="checkbox"/> Lives With Student <input type="checkbox"/> Speaks English
	<b>Emergency Contact Priority:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <b>School Closure Priority:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third

**ACKNOWLEDGEMENT – PLEASE SIGN:**

Personal information collected on this form or any other correspondence relating to involvement in Board programs is collected by the Lambton Kent District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) and Regulations, as amended and the Municipal Freedom of Information and Protection of Privacy Act. It will be used in the Ontario Student Record and for registration, administrative, communication, educational and reporting purposes. This information may be shared with other LKDSB employees to carry out their job duties or with providers of Student Transportation. In addition, this information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. For questions about the collection of this information, please contact the School Principal or the Freedom of Information Coordinator of the Lambton Kent District School Board, 200 Wellington Street, Sarnia, Ontario, N7T 7L2 or 519-336-1500.

**Acknowledgement:** I verify that the information on this form is true and correct. I understand that it is my responsibility to inform the school of any change in the above information as soon as possible.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Adult Student if over 18)

Signature of School Official/Designate: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

- Confirmation of Pupil Eligibility Form  CASL Form  
 Appendix B – Notification and Permission for the Use of Student Personal Information (LKDSB Internet/General Media Consent – Admin. Proc. A-PR-215-14)

OSR Established/Requested  Transportation Notified  Verified & Entered in Trillium By: \_\_\_\_\_ Date: \_\_\_\_\_