

## 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 I	Entering:	Hor	neroom:				
Student #: OEN #: Funding: □ Pupil of the Board □ Other Pupil (□ Native Ed Auth □ Int'l Tuition)								
Entry Type: Beginner This Board	Other Board    Other Cour	ntry/Province	Other					
STUDENT INFORMATION (Please Print):								
Legal Name (as it appears on supporting doct	· · · · · · · · · · · · · · · · · · ·			Legal Middle	Nma(a)			
Legal Surname	Legal First Name			Legal Milaui	e Name(s)			
Note: Legal name must be recorded as shown on leg	gal documents (i.e. Birth Certifica	nte, Passport) and	will appear on	all official sch	ool 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 Mi	iddle Name(s)			
Gender:	irth: Year Month	Day_						
Complete Section 1 of Confirmation of Pup	il Eligibility Form – Verifica	ntion of Legal I	Name/Age Ve	erification (re	etain for au	dit purposes)		
Does the student have siblings in the school?	□YES □ NO If yes, plea	se list siblings:			T			
HOME ADDRESS:				Proof of	f Residency	y Provided:		
Street/911 Number   Street/Road Name		Apt/Unit #	City/Town			estal Code		
Mailing Address (if different from above)	t					-~-		
RR# PO Box#		Apt/Unit #	City/Town		Po	stal Code		
Home Phone Number: Unlisted Transportation: Bus Other (Specify):								
Home Phone Number:	 Unlisted		on: Bus	Other (Spec	rifv)·			
Home Phone Number:  Is anyone restricted from picking up your ch		-			• -	cipal.		
Is anyone restricted from picking up your ch	nild? YES NO If yes, l	egal documenta	ation to be sub	omitted to the	School Prin			
Is anyone restricted from picking up your che CITIZENSHIP INFORMATION: *If bo	orn outside of Canada, comp	egal documenta	of Confirmat	omitted to the	School Prin	orm.		
Is anyone restricted from picking up your ch	nild? YES NO If yes, l	egal documenta	of Confirmat	omitted to the ion of Pupil I nool Use-Ver Birth Certifica	School Prin  Eligibility For ification of ante	orm. Status in Canada:		
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HEALTH INFORMATION: Note: First time registrants are required to provide immunization information to the local Health Unit.  Medical Alert-Pertinent Information (Conditions, Allergies, Disabilities)									
Is child in custody of both parents? ☐ YES ☐ NO	If no, please in	dicate who has legal	custody:	_					
PARENT/GUARDIAN CONTACT 1:									
TITLE SURNAME	FIRST NAME		MIDDLE NAME	GENDER					
				☐ Male ☐ Female					
Relationship to Student:		Has Access to	Check All Applicable	Boxes:					
Home Phone:		Student:	☐ Legal Guardian ☐ Receives Mail						
Cellular Phone:		□ YES □ NO	☐ Has Custody	☐ Has Custody ☐ Has Access to Records					
siness Phone: Ext				☐ Lives With Student ☐ Speaks English					
Place of Employment:		Emergency Contact Priority:							
E-Mail Address:									
Same As Student's Home Address □ OR:	Ct. t/D. I		C'A //E	D (16.1					
#/911 PARENT/GUARDIAN CONTACT 2:	Street/Road	Apt #	City/Tow	n Postal Code					
TITLE SURNAME	FIRST NAME	1	MIDDLE NAME	GENDER					
				☐ Male ☐ Female					
Relationship to Student:		Has Access to	Check All Applicable Bo	oxes:					
Home Phone:		Student:		☐ Receives Mail					
Cellular Phone:		□ YES □ NO	-	☐ Has Access to Records					
Business Phone:	Ext		☐ Lives With Student [	Speaks English					
Place of Employment:		Emergency Conta School Closure Pr	•	cond 🗆 Third cond 🗆 Third					
E-Mail Address:		School Closure 1	ionty.	cond 🗀 Timu					
Same As Student's Home Address □ OR: #/911	Street/Road	Apt #	City/To	wn Postal Code					
ALTERNATE EMERGENCY CONTACT (For emer		•	•						
TITLE SURNAME	FIRST NAME		MIDDLE NAME	GENDER CENTRAL CONTROL OF THE CONTRO					
				☐ Male ☐ Female					
Relationship to Student:		Has Access to	Check All Applicable Bo	oxes:					
Home Phone:		Student:	☐ Legal Guardian ☐ Receives Mail						
Cellular Phone:		□ YES □ NO	☐ Has Custody ☐ Has Access to Records ☐ Lives With Student ☐ Speaks English						
Business Phone:	Ext								
Place of Employment:		Emergency Conta	3	cond   Third cond   Third					
Same As Student's Home Address □ OR: #/911	Street/Road	Apt#	City/To	wn Postal Code					
LKDSB INTERNET/GENERAL MEDIA CONSENT	:								
☐ Completion of Appendix B-Notification and Permi	ission for the Use	e of Student Persona	al Information (LKDSB Adm	in Procedure A-PR-215-14)					
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:		Da	nte:						
(or Adult Student if over 18)									
Signature of School Official/Designate:		Da	nte:						

Transportation Notified

FOR OFFICE USE ONLY: OSR Established/Requested

Entered in Trillium By: