

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

**Complete Section 1 of Confirmation of Pupil Eligibility Form – Verification of Legal Name/Age Verification (retain for audit purposes)**

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

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**HOME ADDRESS:**

**Proof of Residency Provided:**

Street/911 Number	Street/Road Name	Apt/Unit #	City/Town	Postal Code
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**Mailing Address (if different from above):**

RR #	PO Box #	Apt/Unit #	City/Town	Postal Code
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**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.**

**CITIZENSHIP INFORMATION: \*If born outside of Canada, complete Section 2 of Confirmation of Pupil Eligibility Form.**

<b>*Birth Country:</b>	<b>If Canada, Province of Birth:</b>	<b>School Use-Verification of Status in Canada:</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Confirmation of Permanent Residence <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Record of Landing <input type="checkbox"/> Passport <input type="checkbox"/> Consideration of Eligibility-Convention Refugees <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Section 2 of Confirmation of Pupil Eligibility Form Completed
<b>Country of Citizenship:</b>	<b>*If Not Born in Canada, provide date student entered Canada to live for the first time.</b> Year _____ Month _____ Day _____	

**LANGUAGE(S) SPOKEN:**

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

**ABORIGINAL 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 Aboriginal, whether they live on or off reserve, please check the appropriate box below:

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

*Information gathered will help the LKDSB learn more about aboriginal student achievement and allocate resources and supports to improve learning and student success.*

**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

**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 indicate who has legal custody: \_\_\_\_\_

**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: \_\_\_\_\_

<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	

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

**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: \_\_\_\_\_

<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	

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

**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: \_\_\_\_\_

<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	

#/911                      Street/Road                      Apt #                      City/Town                      Postal Code

**LKDSB INTERNET/GENERAL MEDIA CONSENT:**

Completion of Appendix B-Notification and Permission for the Use of Student Personal Information (LKDSB Admin 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: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Adult Student if over 18)

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

**FOR OFFICE USE ONLY:** OSR Established/Requested       Transportation Notified       Entered in Trillium By: \_\_\_\_\_