

STUDENT SCHOOL REGISTRATION FORM

"NAME OF YOUR SCHOOL APPEARS HERE"

FOR OFFICE USE ON	NLY:								
Current Date:		School Year:	20 20		Program: 🗆 R	egular 🛘 French Immersion			
First Date of Attenda	ance:	Grade F	Entering:	Hon	neroom:				
Student #: OEN #: Funding: □ Pupil of the Board □ Other Pupil (□ Native Ed Auth □ Int'l Tuition)									
Entry Type: Beginner									
	RMATION (Please Pri								
	pears on supporting docu	•			Tagal Middle No	/-)			
Legal Surname		Legal First Name			Legal Middle Name(s)				
Note: Legal name must b	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).								
	lifferent, requires a writte	en request from the parent –	OSR Guidelin	es 10.1):					
Preferred Surname		Preferred First Name			Preferred Middle Name(s)				
Gender:	Female Date of Bi	irth: Year Month	Day_						
Complete Section 1	of Confirmation of Pupi	<i>il Eligibility Form</i> – Verifica	ition of Legal I	Name/Age Ve	rification (retai	n for audit purposes)			
Does the student have	e siblings in the school?	□YES □ NO If yes, plea	se list siblings:	1					
HOME ADDRESS):				Proof of Ro	esidency Provided:			
	Street/Road Name		Apt/Unit #	City/Town		Postal Code			
	f different from above)	:	1	T ~~ ma		Tw			
RR#	PO Box #		Apt/Unit #	City/Town		Postal Code			
	1 O DUA#]						
Home Phone Number		□ Unlisted	Transportatio	on: □ Bus □	Other (Specify)	:			
	er: _()	☐ Unlisted	-						
Is anyone restricted f	r: _() from picking up your ch		egal documenta	ation to be sub	mitted to the Sch	nool Principal.			
Is anyone restricted f	r: _() from picking up your ch	nild? □YES □ NO If yes, l	egal documenta	of Confirmate	mitted to the Sci ion of Pupil Elig iool Use-Verific	nool Principal.			
Is anyone restricted f	r: _() from picking up your ch	rn outside of Canada, comp	egal documenta	of Confirmati	ion of Pupil Eligical Use-Verificate	nool Principal. ribility Form. ation of Status in Canada:			
Is anyone restricted f	r: _() from picking up your ch FORMATION: *If bo	orn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p	plete Section 2 rth:	of Confirmate Sch	ion of Pupil Eligical Use-Verificate Confirmation of Fermanent Reside	nool Principal.			
Is anyone restricted for CITIZENSHIP INI *Birth Country:	r: _() from picking up your ch FORMATION: *If bo	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, province of Bin the student entered Canada to	plete Section 2 rth:	of Confirmation Sch B C P P P P	ion of Pupil Elig nool Use-Verific irth Certificate confirmation of F ermanent Reside assport	nool Principal. ibility Form. ation of Status in Canada: cermanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INI *Birth Country:	r: _() from picking up your ch FORMATION: *If bo	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time.	plete Section 2 rth: provide date to live for the fi	of Confirmate Sch P P C C C C C C C C C C C	ion of Pupil Eliginol Use-Verificate Confirmation of Fermanent Residents	nool Principal. ibility Form. ation of Status in Canada: cermanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INI *Birth Country:	r: _() from picking up your ch FORMATION: *If bo	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, province of Bin the student entered Canada to	plete Section 2 rth: provide date to live for the fi	of Confirmati Sch B C P TSt C C C C C C C C C C C C C C C C C C C	ion of Pupil Eliginol Use-Verificate Confirmation of Fermanent Resident assport Consideration of Other (specify):_ection 2 of Confirmation	nool Principal. ibility Form. ation of Status in Canada: cermanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INI *Birth Country:	r: _() from picking up your ch FORMATION: *If bo	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time.	plete Section 2 rth: provide date to live for the fi	of Confirmati Sch B C P TSt C C C C C C C C C C C C C C C C C C C	ion of Pupil Eliginol Use-Verificate Confirmation of Fermanent Residents	nool Principal. ibility Form. ation of Status in Canada: cermanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INI *Birth Country:	or: _() from picking up your ch FORMATION: *If bo ship:	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time.	plete Section 2 rth: provide date to live for the fi	of Confirmati Sch B C P TSt C C C C C C C C C C C C C C C C C C C	ion of Pupil Eliginol Use-Verificate Confirmation of Fermanent Resident assport Consideration of Other (specify):_ection 2 of Confirmation	nool Principal. ibility Form. ation of Status in Canada: cermanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INI *Birth Country: Country of Citizens LANGUAGE(S) SPO	or: _() from picking up your ch FORMATION: *If bo ship:	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time.	plete Section 2 rth: provide date o live for the fi	of Confirmate Sch B C P C C C C C C C C C C C C C C C C C	ion of Pupil Eliginol Use-Verificate Confirmation of Fermanent Resident assport Consideration of Determined there (specify): ection 2 of Confinpleted	ribility Form. ation of Status in Canada: Permanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INI *Birth Country: Country of Citizens LANGUAGE(S) SPO Language First Learn ABORIGINAL STUI	from picking up your ch FORMATION: *If bo ship: OKEN: ned (mother tongue): DENT SELF-IDENTIF	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time. Year Month	plete Section 2 rth: provide date o live for the fi Day Language(s) IONS, MÉTIS	of Confirmation Sch B C P P C C C S C C S S C S C S S C S S C S S S S S S S S S S S S S S S S S S S S	ion of Pupil Eligical Use-Verificate Confirmation of Fermanent Residents assport Consideration of Inther (specify):ection 2 of Confinpleted	ribility Form. ation of Status in Canada: Permanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INI *Birth Country: Country of Citizens LANGUAGE(S) SPO Language First Learn ABORIGINAL STUIT Collection of this infor	from picking up your ch FORMATION: *If bo ship: OKEN: rned (mother tongue): DENT SELF-IDENTIFI rmation is voluntary and of	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time. Year Month	plete Section 2 rth: provide date o live for the fi Day Language(s) IONS, MÉTIS tus or ancestry	of Confirmation Sch B C P P C C C S C C S S C S C S S C S S C S S S S S S S S S S S S S S S S S S S S	ion of Pupil Eligical Use-Verificate Confirmation of Fermanent Residents assport Consideration of Inther (specify):ection 2 of Confinpleted	ribility Form. ation of Status in Canada: Permanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INITED TO SHIP	from picking up your ch FORMATION: *If bo ship: OKEN: rned (mother tongue): DENT SELF-IDENTIFI rmation is voluntary and of	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time. Year Month ICATION OF FIRST NATI confidential. No proof of stata please check the appropriate	plete Section 2 rth: provide date o live for the fi Day Language(s) IONS, MÉTIS tus or ancestry box below:	of Confirmation Sch B C P P C C C S C C S S C S C S S C S S C S S S S S S S S S S S S S S S S S S S S	ion of Pupil Eliginol Use-Verificate Confirmation of Fermanent Resident assport Consideration of Dether (specify):_ection 2 of Confirmation of Confirmation of Confirmation of Confirmation of Confirmation 2 of C	ribility Form. ation of Status in Canada: Permanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INI *Birth Country: Country of Citizens LANGUAGE(S) SPO Language First Learn ABORIGINAL STUI Collection of this infor Aboriginal, whether the Important of Important of the Important of the Important of the Important of Important of the Important of Important	FORMATION: *If bo FORMATION: *If bo Ship: DKEN: The d (mother tongue): DENT SELF-IDENTIFITMATION is voluntary and they live on or off reserve, tons (Status/Non-Status)	ilid? □YES □ NO If yes, larn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time. Year Month ICATION OF FIRST NATI confidential. No proof of star please check the appropriate □ Métis □ Inuit	Day Language(s) IONS, MÉTIS tus or ancestry box below: No FN	of Confirmate Sch B C P P C C C Spoken at Ho INUIT ANC is required. If	ion of Pupil Eligical Use-Verificate Confirmation of Fermanent Residents assport Consideration of Other (specify):ection 2 of Confirmation 2 of Confirmati	ribility Form. ation of Status in Canada: Permanent Residence ent Card			
Is anyone restricted for CITIZENSHIP INI *Birth Country: Country of Citizens LANGUAGE(S) SPO Language First Learn ABORIGINAL STUI Collection of this infor Aboriginal, whether the Important of Important of the Important of the Important of the Important of Important of the Important of Important	from picking up your che FORMATION: *If bo Ship: DKEN: The definition of the control of the co	ilid? □YES □ NO If yes, larn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time. Year Month ICATION OF FIRST NATI confidential. No proof of star please check the appropriate □ Métis □ Inuit	Day Language(s) IONS, MÉTIS tus or ancestry box below: No FN	of Confirmate Sch B C P P C C C Spoken at Ho INUIT ANC is required. If	ion of Pupil Eligical Use-Verificate Confirmation of Fermanent Residents assport Consideration of Other (specify):ection 2 of Confirmation 2 of Confirmati	ribility Form. ation of Status in Canada: Permanent Residence ent Card Record of Landing Eligibility-Convention Refugees rmation of Pupil Eligibility Form untarily self-identify your child as			
LANGUAGE(S) SPO Language First Learn ABORIGINAL STUIT Collection of this infort Aboriginal, whether the First Nation Information gathered with	from picking up your cheromore is in the part of the p	ilid? □YES □ NO If yes, learn outside of Canada, comp If Canada, Province of Bis *If Not Born in Canada, pstudent entered Canada to time. Year Month ICATION OF FIRST NAT confidential. No proof of starplease check the appropriate □ Métis □ Inuit ore about aboriginal student actions.	Degal documenta plete Section 2 rth: Drovide date o live for the fi Day Language(s) IONS, MÉTIS tus or ancestry box below: No FN hievement and al	Sch Spoken at Ho, INUIT ANC is required. If	ion of Pupil Eliginol Use-Verificate Confirmation of Fermanent Resident assport Consideration of Dether (specify): ection 2 of Confine Confine Confirmation of Dether (specify): ection 2 of Confine	ribility Form. ation of Status in Canada: Permanent Residence ent Card Record of Landing Eligibility-Convention Refugees rmation of Pupil Eligibility Form untarily self-identify your child as			
Is anyone restricted for CITIZENSHIP INI *Birth Country: Country of Citizens LANGUAGE(S) SPO Language First Learn ABORIGINAL STUI Collection of this infort Aboriginal, whether th First Nation Information gathered with PREVIOUS SCHOOL Previous School Boar	from picking up your che FORMATION: *If bo Ship: DKEN: The ded (mother tongue): DENT SELF-IDENTIFITY TITY TITY TITY TITY TONS (Status/Non-Status) The pill help the LKDSB learn model. DL INFORMATION: Trd:	ilid? □YES □ NO If yes, larn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time. Year Month ICATION OF FIRST NATI confidential. No proof of star please check the appropriate □ Métis □ Inuit ore about aboriginal student actions.	Dete Section 2 rth: Drovide date of live for the fine t	Sch B C C P C C C C Spoken at Ho, INUIT ANC is required. If It I MI Affiliation locate resource.	ion of Pupil Eligical Use-Verificate Confirmation of Fermanent Residents assport Consideration of Dether (specify):ection 2 of Confirmation 2 of Confirma	ribility Form. ation of Status in Canada: Permanent Residence ent Card Record of Landing Eligibility-Convention Refugees rmation of Pupil Eligibility Form untarily self-identify your child as Improve learning and student success. ble/Beginner			
Is anyone restricted for CITIZENSHIP INITED SHIP INITE	from picking up your cheston picking and cheston picking in the picking in	rn outside of Canada, comp If Canada, Province of Bin *If Not Born in Canada, p student entered Canada to time. Year Month	Language(s) Language(s) Longuage(s) Language(s) No FN hievement and al Name of Sc Reaso O If yes, name	Spoken at Ho Invited Affiliation Spoken Aff	mitted to the Scion of Pupil Eligical Use-Verificate Confirmation of Fermanent Residents assport Consideration of Other (specify):ection 2 of Confirmation	ribility Form. ation of Status in Canada: Permanent Residence ent Card Record of Landing Eligibility-Convention Refugees rmation of Pupil Eligibility Form untarily self-identify your child as improve learning and student success. ble/Beginner			

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					
				☐ Male ☐ Female					
Relationship to Student:		Has Access to Student:	Check All Applicable B	Boxes:					
Home Phone: ()		Student: □ YES □ NO	☐ Legal Guardian	☐ Receives Mail					
Cellular Phone: (·	☐ Has Custody ☐ Has Access to Records ☐ Lives With Student ☐ Speaks English					
Business Phone: ()	Ext	Emergency Con		econd					
Place of Employment:		School Closure	•	econd Third					
E-Mail Address:									
Same As Student's Home Address □ OR: #/911	Street/Road	Apt#	City/Town	n Postal Code					
PARENT/GUARDIAN CONTACT 2:		54,000							
TITLE SURNAME	FIRST NAME	,	MIDDLE NAME	GENDER					
				☐ Male ☐ Female					
Relationship to Student:		Has Access to Student:	Check All Applicable Bo	xes:					
Home Phone: ()	<u>.</u>		8	Receives Mail					
Cellular Phone: ()			☐ Has Custody ☐ Lives With Student ☐	Has Access to Records Speaks English					
	Ext	Emergency Conta							
Place of Employment: Emergency Contact Priority: ☐ First ☐ Second ☐ Third School Closure Priority: ☐ First ☐ Second ☐ Third									
E-Mail Address:									
Same As Student's Home Address OR: #/911 Street/Road Apt # City/Town Postal Code									
ALTERNATE EMERGENCY CONTACT (For emer		•	•						
TITLE SURNAME	FIRST NAME	,	MIDDLE NAME	GENDER					
				☐ Male ☐ Female					
Relationship to Student:		Has Access to Student:	Check All Applicable Bo	xes:					
Home Phone: ()		□ YES □ NO	0	Receives Mail					
Cellular Phone: ()		l IES LINO	☐ Has Custody ☐ Lives With Student ☐	Has Access to Records					
Business Phone: ()		Emergency Conta							
Place of Employment:		School Closure Pi							
Same As Student's Home Address □ OR: #/911	Street/Road	Apt#	City/Tov	vn Postal Code					
LKDSB INTERNET/GENERAL MEDIA CONSENT		P	- 😲						
☐ Completion of Appendix B-Notification and Permi	ssion for the Us	e of Student Person	al Information (LKDSB Admi	n 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:(or Adult Student if over 18)		Da	nte:						
Signature of School Official/Designate:		Da	ıte:						

Transportation Notified

FOR OFFICE USE ONLY: OSR Established/Requested

Entered in Trillium By: