



# STUDENT REGISTRATION FORM

Student Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Student OEN (Ontario Education Number): \_ \_ \_ \_ \_

*Shaded Areas for Office Use Only*

Tax Support Public Board Yes  No  If no, please contact [www.voterlookup.ca](http://www.voterlookup.ca) or call 1-866-296-6722 to register.

Optional Attendance Yes  No   
 Proof of Canadian Citizenship Yes  No   
 Proof of Permanent Residency (Parents) Yes  No

Proof of Address Yes  No   
 International Student Yes  No

Student No. \_\_\_\_\_  
 Trillium Entry Date \_\_\_\_\_

Track

Grade

Date of Entry

ESL Start  
ESL End

Program

Home Form

Date of Birth Verification: Birth Certificate  Canadian Citizenship  Immigration Papers  Passport  Other

(PLEASE PRINT)

**STUDENT INFORMATION:**

Last Name \_\_\_\_\_  
(Legal)

First Name \_\_\_\_\_  
(Legal)

Middle Name \_\_\_\_\_  
(Legal)

Last Name \_\_\_\_\_  
(Preferred)

First Name \_\_\_\_\_  
(Preferred)

Middle Name \_\_\_\_\_  
(Preferred)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  Self-Identify as \_\_\_\_\_  
Year Month Day

Has the student **ever** been registered at a school within the Halton District School Board? Yes  No

If Yes, provide the name of the school within the Halton DSB most recently attended:

\_\_\_\_\_ Last grade attended \_\_\_\_\_

Has the student **ever** been registered at a school within the Province of Ontario? Yes  No

If Yes, provide the name of the school most recently attended:

If No, provide the name of the school most recently attended outside of Ontario:

\_\_\_\_\_ Last grade attended \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

School Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

School E-mail: \_\_\_\_\_

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

Is the student **currently** suspended from school? Yes  No

Is the student **currently** expelled from a school or board? Yes  No

Has the student ever been **previously suspended/expelled** from a school or board? Yes  No

**SPECIAL EDUCATION:**

Has the student ever been identified through an IPRC and/or received special education support? Yes  No

**MEDICAL INFORMATION:**

**Medical Conditions:**

If your child has prevalent medical conditions of which the school should be aware, please indicate the condition(s) below.

- Anaphylaxis – please indicate allergen(s): \_\_\_\_\_
- Asthma                                       Diabetes                                       Epilepsy/Seizures

If your child has been diagnosed with any other medical condition, please identify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Life Threatening**

- Yes  No
- Yes  No
- Yes  No

**SIBLING INFORMATION:** (if the student has brothers or sisters in this school, please indicate)

	Last Name	First Name
1)	_____	_____
2)	_____	_____
3)	_____	_____

**ABORIGINAL STUDENT SELF-IDENTIFICATION:** (please check off one of the boxes below, this is voluntary)

- First Nation Ancestry                       Inuit Ancestry                       Metis Ancestry

Fill in the section below, ONLY if country of birth is other than Canada. Legal Documents are required.

Birth Country \_\_\_\_\_ Arrival Date in Canada \_\_\_\_\_ Arrival Date in Ontario \_\_\_\_\_

Status in Canada \_\_\_\_\_ Verification \_\_\_\_\_

Expiry Date \_\_\_\_\_ Country of Last Residence \_\_\_\_\_

**Country of Citizenship to be completed for ALL students:**

Country of Citizenship \_\_\_\_\_ Province of Birth \_\_\_\_\_  
(If born in Canada)

Languages Spoken (if other than English)

1) _____	First Language <input type="checkbox"/>	Spoken at Home <input type="checkbox"/>	Main Language at Home <input type="checkbox"/>
2) _____	First Language <input type="checkbox"/>	Spoken at Home <input type="checkbox"/>	Main Language at Home <input type="checkbox"/>

**PRIMARY STUDENT HOME ADDRESS**

*Proof of Address Required*

*This information will be shared with Halton Student Transportation Services for the provision of home to school transportation.*

Number \_\_\_\_\_ Street \_\_\_\_\_

Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**STUDENT HOME PHONE NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Unlisted

Student Cell Phone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

**MAILING ADDRESS:** (if different from home address)

Number \_\_\_\_\_ Street \_\_\_\_\_

Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

Rural Route No. \_\_\_\_\_ Post Office Box No. \_\_\_\_\_ General Delivery No. \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION ONLY**

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Contact priority should be based on whom to call in the case of an emergency and/or school closure. (Circle 1 = high, 4 = low)

For Emergency: **Priority 1 2 3 4**

For School Closure: **Priority 1 2 3 4**

(Please check **ALL** applicable boxes.)

Male  Female  Self-Identify as \_\_\_\_\_

**Relationship**

- Mother  **Access to Student**  Guardian  Lives with Student  Access to Records
- Father  **No Access**  Custody  Receives Mail  Speaks School Language
- Stepparent
- Parent
- Foster Parent
- Legal Guardian

If **No Access**, legal documentation required.  
 Documentation Received: Yes  No

Home No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Priority 1 2 3** Cell. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Priority 1 2 3**

Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ **Priority 1 2 3** Place of Employment : \_\_\_\_\_

E-mail Address: \_\_\_\_\_ *If e-mail address is provided, it **may** be used for communication purposes.*

**Home Address** (complete only if different from student)

No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

R.R. # \_\_\_\_\_ P.O. Box \_\_\_\_\_ Gen. Del. # \_\_\_\_\_ City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Contact priority should be based on whom to call in the case of an emergency and/or school closure. (Circle 1 = high, 4 = low)

For Emergency: **Priority 1 2 3 4**

For School Closure: **Priority 1 2 3 4**

(Please check **ALL** applicable boxes.)

Male  Female  Self-Identify as \_\_\_\_\_

**Relationship**

- Mother  **Access to Student**  Guardian  Lives with Student  Access to Records
- Father  **No Access**  Custody  Receives Mail  Speaks School Language
- Stepparent
- Parent
- Foster Parent
- Legal Guardian

If **No Access**, legal documentation required.  
 Documentation Received: Yes  No

Home No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Priority 1 2 3** Cell. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Priority 1 2 3**

Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ **Priority 1 2 3** Place of Employment : \_\_\_\_\_

E-mail Address: \_\_\_\_\_ *If e-mail address is provided, it **may** be used for communication purposes.*

**Home Address** (complete only if different from student)

No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

R.R. # \_\_\_\_\_ P.O. Box \_\_\_\_\_ Gen. Del. # \_\_\_\_\_ City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

3) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Contact priority should be based on whom to call in the case of an emergency and/or school closure. (Circle 1 = high, 4 = low)

For Emergency: **Priority 1 2 3 4**

For School Closure: **Priority 1 2 3 4**

(Please check **ALL** applicable boxes.)

Male  Female  Self-Identify as \_\_\_\_\_

**Relationship**

- Mother  **Access to Student**  Guardian  Lives with Student  Access to Records
- Father  **No Access**  Custody  Receives Mail  Speaks School Language
- Stepparent
- Parent
- Foster Parent
- Legal Guardian

If **No Access**, legal documentation required.  
 Documentation Received: Yes  No

Home No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Priority 1 2 3** Cell. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Priority 1 2 3**

Business No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ **Priority 1 2 3** Place of Employment : \_\_\_\_\_

E-mail Address: \_\_\_\_\_ *If e-mail address is provided, it **may** be used for communication purposes.*

**Home Address** (complete only if different from student)

No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Suite No. \_\_\_\_\_

R.R. # \_\_\_\_\_ P.O. Box \_\_\_\_\_ Gen. Del. # \_\_\_\_\_ City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**If parent/guardian cannot be contacted during the day, contact this person.**

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female  Self-Identify as \_\_\_\_\_ Relationship to student/comment: \_\_\_\_\_

Home No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Priority 1 2 3** Cell. No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Priority 1 2 3**

Business No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ **Priority 1 2 3**

**If parent/guardian not available, contact this person.**

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Male  Female  Self-Identify as \_\_\_\_\_ Relationship to student/comment: \_\_\_\_\_

Home No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Priority 1 2 3** Cell. No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Priority 1 2 3**

Business No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ **Priority 1 2 3**

**ADDITIONAL STUDENT INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR SECONDARY SCHOOL USE ONLY:**

*(To be completed for students entering Secondary School on or after September 1999)*

Previous **Community Service Hours** completed outside Halton DSB: \_\_\_\_\_ hours

**Grade 10 Literacy Test** successfully completed *(Please provide proof of results)* Yes  No

Proof of Literacy Test Results Received: Yes  No

Personal information is collected on this form in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and is collected under the authority of the Education Act, R.S.O. 1990, c. E.2. Personal information will be used for purposes related to the regular operational requirements of the educational and administrative functions of the Halton District School Board. For additional information about how the HDSB uses personal information please see the HDSB Statement of Personal Information Practices or, contact your school Principal.

I certify that the information provided on this form is accurate.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(or student if 18 years of age or older)*

**Administrator/Designate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_