



HDSB 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 or call 1-866-296-6722 to register.

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

Proof of Address Yes ☐ No ☐
International Student Yes ☐ No ☐

Student No.
Aspen Entry Date

Grade

Date of Entry

Prior ESL/ELD Instruction?

Yes No

Program

Home Form

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

Student Information

Please Print

Last Name _____
(Legal)

First Name _____
(Legal)

Middle Name _____
(Legal)

Last Name _____
(Preferred)

First Name _____
(Preferred)

Middle Name _____
(Preferred)

Date of Birth _ _ _ _ / _ _ / _ _
Year Month Day

☐ Male ☐ Female ☐ Self-Identify as _____

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 ☐ Spoken at Home ☐ Main Language at Home ☐

2) _____ First Language ☐ Spoken at Home ☐ Main Language at Home ☐

Primary Student Physical Address

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. (Check 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	<input type="checkbox"/>	<u>Access to Student</u>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>	Access to Records	<input type="checkbox"/>
Father	<input type="checkbox"/>	<u>No Access</u>	<input type="checkbox"/>	Legal Custody	<input type="checkbox"/>	Pick Up Access	<input type="checkbox"/>	Speaks School Language	<input type="checkbox"/>
Stepparent	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">If No Access, legal documentation required. Documentation Received: Yes <input type="checkbox"/> No <input type="checkbox"/></div>							
Parent	<input type="checkbox"/>								
Foster Parent	<input type="checkbox"/>								
Legal Guardian	<input type="checkbox"/>								

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. (Check 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	<input type="checkbox"/>	<u>Access to Student</u>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>	Access to Records	<input type="checkbox"/>
Father	<input type="checkbox"/>	<u>No Access</u>	<input type="checkbox"/>	Custody	<input type="checkbox"/>	Receives Mail	<input type="checkbox"/>	Speaks School Language	<input type="checkbox"/>
Stepparent	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">If No Access, legal documentation required. Documentation Received: Yes <input type="checkbox"/> No <input type="checkbox"/></div>							
Parent	<input type="checkbox"/>								
Foster Parent	<input type="checkbox"/>								
Legal Guardian	<input type="checkbox"/>								

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. (Check 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	<input type="checkbox"/>	<u>Access to Student</u>	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>	Access to Records	<input type="checkbox"/>
Father	<input type="checkbox"/>	<u>No Access</u>	<input type="checkbox"/>	Custody	<input type="checkbox"/>	Receives Mail	<input type="checkbox"/>	Speaks School Language	<input type="checkbox"/>
Stepparent	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">If No Access, legal documentation required. Documentation Received: Yes <input type="checkbox"/> No <input type="checkbox"/></div>							
Parent	<input type="checkbox"/>								
Foster Parent	<input type="checkbox"/>								
Legal Guardian	<input type="checkbox"/>								

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:

Previous Community Service Hours completed outside HDSB: _____ hours

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

Proof of Literacy Test Results Received: Yes ☐ No ☐

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 and will be used only for purposes related to the regular operational and administrative requirements of the HDSB. Questions with respect to this collection should be directed to your school principal or to; Manager, Access, Privacy, and Records 2050 Guelph Line, Burlington, ON. L7P 5A8 905-335-3663

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: _____

Revised July 2022