



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 Citizenship Yes No
(if applicable)

Immunization 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

(PLEASE PRINT)

STUDENT INFORMATION:

Last Name _____ First Name _____ Middle Name _____
(Legal) (Legal) (Legal)

Last Name _____ First Name _____ Middle Name _____
(Preferred) (Preferred) (Preferred)

Date of Birth ____ / ____ / ____ Male Female Self-Identify as _____
Year Month Day

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

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:

Immunization Record Provided (see yellow insert from Regional Municipality of Halton) Yes No

Medical Conditions:

If your child has significant health factors of which the school should be aware, please describe the condition(s) below.

Life Threatening

Yes No

Yes No

Has your child/ward previously been diagnosed with a concussion? _____ Yes No

How many times? _____ When was the last diagnosis? _____

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 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)