

STUDENT REGISTRATION FORM

	Grade:	Pupil No.	<i>For Office Use</i>
Student Name	OEN		<input type="checkbox"/> French Immersion
School Name	Hrm/Teacher		<input type="checkbox"/> Core French

STUDENT INFORMATION

Legal Last Name _____

Legal First Name _____

Usual Last Name _____

Preferred First Name _____

Middle Name _____ Third Initial _____

Birth Date (mm/dd/yyyy) _____

Proof of Legal Name/Age: _____

Student Primary Phone No. _____

Sex (as it appears on birth certificate): (M) (F)

Gender Self-Identification: _____

PROPERTY ADDRESS-CIVIC ADDRESS (911)

Street _____

Apt. # _____ Lot # _____ Concession # _____

Municipality _____

State/Prov. _____ Postal Code _____

Proof of Residency viewed: *For Office Use*

Current Agreement of Purchase and Sale _____ Current Home Phone/Cable/Internet Bill _____

Current Utility Bill _____ Other: please specify below: _____

Current Property Tax Bill _____

MAILING ADDRESS (if different from property address)

EXAMPLE: BOX 102 - 17423 County Rd. 2 St. Andrews West, ON K0C 2A0

ALTERNATE ADDRESSES (For Transportation— i.e. Caregiver & Custody)

	Street # and Name	Apt.	Municipality	Contact Name	Contact Phone
1.					
2.					

PREVIOUS SCHOOL DISTRICT

Previous School Language _____

Previous School _____

Address _____

ADMISSION INFORMATION (School to Complete) *For Office Use*

Reason _____

Start Date (mm/yyyy) _____

Current Grade _____

X-Boundary (Y) (N)

School _____

IMMIGRATION/CITIZENSHIP

Country of Birth _____

Province of Birth (if born in Canada) _____

Citizen of _____

Language First Spoken _____

Language at Home _____

Entry into Canada (mm/yyyy) _____

Visa Expiration Date _____

Tuition Type: _____ Exempt _____ Fee Paying _____

Immigration Status:

Student Visa/Permit Other Visa/Permit Permanent Resident

Exchange Student Refugee Status

Proof of Citizenship viewed: *For Office Use*

Please specify: _____

STUDENT REGISTRATION FORM

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STUDENT NAME _____

PARENT/GUARDIAN

Custody

Living With

Court Order or
Guardianship Agreement (Y) (N)

1. Relationship

Last Name _____

First Name _____

Living With Student (Y) (N)

Address _____

Copy of School Correspondence (Y) (N)

Work/Employment _____

Work Phone No. (ext.) _____

Available at Work _____

Home Phone No. _____

Cellular Phone No. _____

Email Address _____

Emergency Contact (Y) (N)

My Family Room (Y) (N)

2. Relationship

Last Name _____

First Name _____

Living With Student (Y) (N)

Address _____

Copy of School Correspondence (Y) (N)

Work/Employment _____

Work Phone No. (ext.) _____

Available at Work _____

Home Phone No. _____

Cellular Phone No. _____

Email Address _____

Emergency Contact (Y) (N)

My Family Room (Y) (N)

Register for a *My Family Room* account to receive immediate notification of bus cancellations, student absences or emergencies, report your child's absences online, access your child's school calendar, and much more. Visit myfamilyroom.ca to register, and download the mobile app.

OTHER EMERGENCY CONTACTS (Other than Parents)

1. Last Name

First Name _____

Relationship _____

Address _____

Home Phone No. _____

Work Place _____

Work Phone _____

Cellular Phone _____

Allow to Pick Up (Y) (N)

2. Last Name

First Name _____

Relationship _____

Address _____

Home Phone No. _____

Work Place _____

Work Phone _____

Cellular Phone _____

Allow to Pick Up (Y) (N)



Welcome to the Upper Canada District School Board

225 Central Avenue West, Brockville, ON K6V 5X1
Tel: (613) 342-0371 or 1-(800) 267-7131
ucdsb.on.ca



STUDENT REGISTRATION FORM

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STUDENT NAME

MEDICAL (i.e. Allergies, Autism, Asthma, Diabetes, Epilepsy, EpiPen, medication required, etc)

Allergies

Life Threatening? (Y/N) Details

Non-Life Threatening Medical Details/Conditions

Accessibility Needs (Y/N)

Is there any other information we need to be aware of (i.e. social or emotional challenges)?

First Nation/Métis/Inuit

Voluntary Self-Identification

Notice to Parents/Guardians

Personal information is collected at registration under the authority of the Education Act and will be used for planning and programming, home and school communications and to establish the Ontario Student Record. If you have questions about our collection or use of personal information, contact your school Principal or the Information and Records Management Specialist at 225 Central Avenue, West, Brockville, ON K6V 5X1; 613-342-0371, ext. 1396.

I hereby certify that the above information contained on this form is accurate. I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible.

I certify that I have been informed that an Ontario Student Record is on file at the school and that I have access to the information therein.

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, lunch programs, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets and athletic events where a financial transaction is required.

Do you consent to receive electronic messages of this nature? YES NO

SIGNED (Parent/Guardian)

PRINT (Parent/Guardian Name)

DATE

SIGNED (Parent/Guardian)

PRINT (Parent/Guardian Name)

DATE

Student Information Verified by (staff signature):(attach print-out if registration completed online)

For Office Use

Signed

Print

Date