

STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY	For INTERNAL TRANSFER only	
	Proof of Address: <input type="checkbox"/> Current Agreement of Purchase and Sale <input type="checkbox"/> Current Home Phone/Cable/Internet Bill <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Current Property Tax Bill <input type="checkbox"/> Other: please specify* _____ <small>*Note: Driver's licence is not acceptable for audit purposes.</small>	
	<input type="checkbox"/> CBT recorded in Aspen (if applicable) <input type="checkbox"/> Request for OSR - Date: _____ <input type="checkbox"/> Identified as an Exceptional Student <input type="checkbox"/> Internet Agreement <input type="checkbox"/> Photo Consent Form <input type="checkbox"/> Medication Forms (if applicable) <input type="checkbox"/> Most Recent Report Card	Elementary Only: Class _____ <input type="checkbox"/> Application for Direction of School Support Secondary Only: <input type="checkbox"/> Academic Transcript of Marks Diploma - Working towards: <input type="checkbox"/> OSSD (under OSS) (1999) <input type="checkbox"/> OSSC (B) <input type="checkbox"/> Cert of Accomplishment (A) <input type="checkbox"/> OSSD (under OSIS) (1989) <input type="checkbox"/> SSGD <input type="checkbox"/> Cohort - School Year First Entered Grade 9 _____ <input type="checkbox"/> First Entry Date to Secondary School in ON _____

Please fill in the form below, print and present the signed form to your child's school with originals of the documentation listed on the **Checklist of Documents to Present to the School**

ADMISSIONS INFORMATION			
Student's Legal Name (as on Proof of Birth document): Surname: _____ First Name: _____ Middle Name(s): _____	Student's Preferred Name: <input type="checkbox"/> Same as Legal Surname: _____ First Name: _____ Middle Name(s): _____		
Date of Birth: YYYY ____ MMM ____ DD ____ Province of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose gender identity <input type="checkbox"/> Prefer to specify gender identity: _____ First Language: _____ Language spoken at home: _____			
Medical Information	Is condition life-threatening? <input type="checkbox"/> YES <input type="checkbox"/> NO Medical Alerts/Disabilities: _____		
Sibling(s) at this School	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black; padding: 5px;"> 1. Name _____ Grade _____ 2. Name _____ Grade _____ </td> <td style="width:50%; padding: 5px;"> 3. Name _____ Grade _____ 4. Name _____ Grade _____ </td> </tr> </table>	1. Name _____ Grade _____ 2. Name _____ Grade _____	3. Name _____ Grade _____ 4. Name _____ Grade _____
1. Name _____ Grade _____ 2. Name _____ Grade _____	3. Name _____ Grade _____ 4. Name _____ Grade _____		
Preferred Language of Instruction	<input type="checkbox"/> English with Core French <input type="checkbox"/> French Immersion (if available/eligible)		
Special Education	Has this student received Special Education Services? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please check: <input type="checkbox"/> IPRC <input type="checkbox"/> IEP <input type="checkbox"/> Other		
Indigenous Ancestry	If you wish to voluntarily identify this student as being a person of Indigenous Ancestry, please check one of the following: <input type="checkbox"/> First Nation living off Reserve <input type="checkbox"/> First Nation living on Reserve <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-native living on Reserve		
Student's Address	(civic address <u>must</u> be recorded): Number Street Name Unit # Box/R.R.# City Township Prov Postal Code Telephone # Student's email Address		

STUDENT REGISTRATION FORM

CONTACT INFORMATION

Parent/Guardian		<input type="checkbox"/> Surname same as Student	
Title: _____	Surname: _____	First Name: _____	Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship to Student: _____		Place of Employment: _____	
Address: <input type="checkbox"/> Same as Student or:			
Number _____	Street Name _____	Unit # _____	Box/R.R.# _____
City _____		Township _____	Prov _____
Postal Code _____			
Telephone: Home: _____		Cell: _____	Bus: _____
Email: _____		CASL <input type="checkbox"/> Subscribe <input type="checkbox"/> Unsubscribe	
Please check all boxes which apply:		Contact Priority (check one each):	
<input type="checkbox"/> Guardian	<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Access to School Records	Emergency: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
<input type="checkbox"/> Custody	<input type="checkbox"/> Receives Mail	<input type="checkbox"/> Speaks School Language	School Closure: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

Parent/Guardian		<input type="checkbox"/> Surname same as Student	
Title: _____	Surname: _____	First Name: _____	Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship to Student: _____		Place of Employment: _____	
Address: <input type="checkbox"/> Same as Student or:			
Number _____	Street Name _____	Unit # _____	Box/R.R.# _____
City _____		Township _____	Prov _____
Postal Code _____			
Telephone: Home: _____		Cell: _____	Bus: _____
Email: _____		CASL <input type="checkbox"/> Subscribe <input type="checkbox"/> Unsubscribe	
Please check all boxes which apply:		Contact Priority (check one each):	
<input type="checkbox"/> Guardian	<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Access to School Records	Emergency: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
<input type="checkbox"/> Custody	<input type="checkbox"/> Receives Mail	<input type="checkbox"/> Speaks School Language	School Closure: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

Sitter and/or Emergency Contact		(other than parent)	
Title: _____	Surname: _____	First Name: _____	Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship to Student: _____		Place of Employment: _____	
Address:			
Number _____	Street Name _____	Unit # _____	Box/R.R.# _____
City _____		Township _____	Prov _____
Postal Code _____			
Telephone: Home: _____		Cell: _____	Bus: _____
Email: _____		CASL <input type="checkbox"/> Subscribe <input type="checkbox"/> Unsubscribe	
Please check all boxes which apply:		Contact Priority (check one each):	
<input type="checkbox"/> Guardian	<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Access to School Records	Emergency: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
<input type="checkbox"/> Custody	<input type="checkbox"/> Receives Mail	<input type="checkbox"/> Speaks School Language	School Closure: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

STUDENT REGISTRATION FORM

CONTACT INFORMATION (cont.)

Emergency Contact (other than parent)

Title: _____ Surname: _____ First Name: _____ Access to Student: YES NO

Relationship to Student: _____ Place of Employment: _____

Address: _____

Number _____ Street Name _____ Unit # _____ Box/R.R.# _____ City _____ Township _____ Prov _____ Postal Code _____

Telephone: Home: _____ Cell: _____ Bus: _____

Email: _____ CASL Subscribe Unsubscribe

Please check all boxes which apply: Guardian Lives with Student Access to School Records Custody Receives Mail Speaks School Language

Contact Priority (check one each):
 Emergency: 1 2 3 4 5
 School Closure: 1 2 3 4 5

Emergency Contact (other than parent)

Title: _____ Surname: _____ First Name: _____ Access to Student: YES NO

Relationship to Student: _____ Place of Employment: _____

Address: _____

Number _____ Street Name _____ Unit # _____ Box/R.R.# _____ City _____ Township _____ Prov _____ Postal Code _____

Telephone: Home: _____ Cell: _____ Bus: _____

Email: _____ CASL Subscribe Unsubscribe

Please check all boxes which apply: Guardian Lives with Student Access to School Records Custody Receives Mail Speaks School Language

Contact Priority (check one each):
 Emergency: 1 2 3 4 5
 School Closure: 1 2 3 4 5

TRANSPORTATION

Transportation may be provided to and/or from home/sitter/joint custody location, if the arrangement is permanent (5 days per week) and this location can be safely scheduled into the regular routes and is within the pupil's home school attendance boundary.

Transportation Requested: Yes No Walk/Own Transportation

Morning Pick Up Address: Home Joint Custody Sitter Afternoon Drop Off Address: Home Joint Custody Sitter

SIGNATURE

I certify that all of the information on this form is correct. I acknowledge that it is the responsibility of the parent to inform the school about any family matters (custody, decision-making, access arrangements) which would affect the student and govern the relationship between the school, parents and student.

Parent or Guardian

Name (please print): _____ Signature: _____

Date: _____
YYYY-MM-DD

Parent or Guardian

Name (please print): _____ Signature: _____

Date: _____
YYYY-MM-DD

Principal or Designate

Name (please print): _____ Signature: _____

Date: _____
YYYY-MM-DD

Checklist of Documents to Present to the School

- Completed, signed and dated Student Registration Form
- Proof of address (utility bill, home phone/cable/internet bill) or proof of tenancy/ownership (Ontario Property Assessment Notice or property tax bill or lease agreement)
- Proof of Student's Age (birth certificate, registration of birth card or passport)

RCDSB schools do not collect immunization records. Parents/guardians are to ensure the student's immunization record is up to date by using the secure online **ICON tool** that is specific to Renfrew County and District. This provides Renfrew County and District Health Unit (RCDHU) with an electronic file of immunization records. It is important to verify that you are using the ICON website for RCDHU, by looking at the top, since ICON tools are specific to health unit regions. Should you require assistance with using the tool or are having difficulty accessing the internet, please call the Health Unit Immunization Department at 613-732-3629 ext. 509 or check out the **ICON Tool for School Registration** FAQ sheet available on the RCDSB website (<https://www.rcdsb.on.ca/en/parents-and-students/registration-and-transfers>).

- Any court orders where applicable (custody, guardianship, decision-making)
- Immigration documents where applicable
- School documents - recent report card or school leaving certificate (elementary and secondary only)
- Transcript (for secondary school students)