



# STUDENT REGISTRATION FORM

## CONTACT INFORMATION

<b>Parent/Guardian</b>		<input type="checkbox"/> Surname same as Student	
Title: _____ Surname: _____		First Name: _____	
Relationship to Student: _____		Place of Employment: _____	
Address: <input type="checkbox"/> Same as Student or:		Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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		Contact Priority (check one each):	
Please check all boxes which apply: <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"/>	

<b>Parent/Guardian</b>		<input type="checkbox"/> Surname same as Student	
Title: _____ Surname: _____		First Name: _____	
Relationship to Student: _____		Place of Employment: _____	
Address: <input type="checkbox"/> Same as Student or:		Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Number	Street Name	Unit #	Box/R.R.#
City		Township	Prov
Postal Code			
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CASL <input type="checkbox"/> Subscribe <input type="checkbox"/> Unsubscribe		Contact Priority (check one each):	
Please check all boxes which apply: <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"/>	

<b>Sitter and/or Emergency Contact</b>		(other than parent)	
Title: _____ Surname: _____		First Name: _____	
Relationship to Student: _____		Place of Employment: _____	
Address:		Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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		Contact Priority (check one each):	
Please check all boxes which apply: <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: \_\_\_\_\_ Gender: \_\_\_\_\_

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: \_\_\_\_\_ Gender: \_\_\_\_\_

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

**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)

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 (<https://re.icon.ehealthontario.ca>).

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 FAQ sheet](https://www.rcdsb.on.ca/en/parents-and-students/registration-and-transfers) available on the RCDSB website (<https://www.rcdsb.on.ca/en/parents-and-students/registration-and-transfers>)

- Proof of custody where applicable (custody orders, court ordered Guardianship)
- Immigration documents where applicable
- School documents - recent report card or school leaving certificate (elementary and secondary only)
- Transcript (for secondary school students)