

# STUDENT REGISTRATION FORM

<b>FOR OFFICE USE ONLY</b>	<b>For INTERNAL TRANSFER only</b>	
	<b>Proof of Address:</b> <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 license is not acceptable for audit purposes.</small>	
	<input type="checkbox"/> CBT recorded in eTrillium (if applicable) <input type="checkbox"/> Immunization Record for RCDHU <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	<b>Elementary Only:</b> Class _____ <input type="checkbox"/> Application for Direction of School Support  <b>Secondary Only:</b> <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	
<b>Student's Legal Name</b> (as on Proof of Birth document):	Student's Preferred Name: <input type="checkbox"/> Same as Legal
Surname: _____	Surname: _____
First Name: _____	First Name: _____
Middle Name(s): _____	Middle Name(s): _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	First Language: _____
Date of Birth:   YYYY _____   MMM _____   DD _____	Language spoken at home: _____
<b>Medical Information</b>	
Medical Alerts/Disabilities:	
<b>Sibling(s) at this School</b>	
1. Name _____ Grade _____	3. Name _____ Grade _____
2. Name _____ Grade _____	4. Name _____ Grade _____
<b>Special Education</b>	
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	
<b>Indigenous Ancestry</b>	
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	
<b>Student's Address</b> (civic address <u>must</u> be recorded):	
Number _____	Street Name _____
Unit # _____	Box/R.R.# _____
City _____	Township _____
Prov _____	Postal Code _____
Telephone # _____	Email Address _____

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## CONTACT INFORMATION

<b>Parent/Guardian</b>		<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: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Address: <input type="checkbox"/> Same as Student or:							
Number	Street Name	Unit #	Box/R.R.#	City	Township	Prov	Postal Code
Telephone/Email: Home: _____		Cellular: _____	Business: _____	Other: _____			
Email: _____		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: _____	Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Relationship to Student: _____		Place of Employment: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Address: <input type="checkbox"/> Same as Student or:							
Number	Street Name	Unit #	Box/R.R.#	City	Township	Prov	Postal Code
Telephone/Email: Home: _____		Cellular: _____	Business: _____	Other: _____			
Email: _____		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: _____	Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Relationship to Student: _____		Place of Employment: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Address:							
Number	Street Name	Unit #	Box/R.R.#	City	Township	Prov	Postal Code
Telephone/Email: Home: _____		Cellular: _____	Business: _____	Other: _____			
Email: _____		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.)

<b>Emergency Contact</b> (other than parent)							
Title: _____ Surname: _____ First Name: _____	Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO						
Relationship to Student: _____ Place of Employment: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
Address:							
Number _____ Street Name _____ Unit # _____ Box/R.R.# _____ City _____ Township _____ Prov _____ Postal Code _____							
Telephone/Email: Home: _____ Cellular: _____ Business: _____ Other: _____							
Email: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Contact Priority (check one each):</td> </tr> <tr> <td>Emergency:</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> </tr> <tr> <td>School Closure:</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> </tr> </table>	Contact Priority (check one each):		Emergency:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	School Closure:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Contact Priority (check one each):							
Emergency:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						
School Closure:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>						
Please check all boxes which apply: <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with Student <input type="checkbox"/> Access to School Records <input type="checkbox"/> Custody <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language							

<b>Emergency Contact</b> (other than parent)							
Title: _____ Surname: _____ First Name: _____	Access to Student: <input type="checkbox"/> YES <input type="checkbox"/> NO						
Relationship to Student: _____ Place of Employment: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
Address:							
Number _____ Street Name _____ Unit # _____ Box/R.R.# _____ City _____ Township _____ Prov _____ Postal Code _____							
Telephone/Email: Home: _____ Cellular: _____ Business: _____ Other: _____							
Email: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Contact Priority (check one each):</td> </tr> <tr> <td>Emergency:</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> </tr> <tr> <td>School Closure:</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> </tr> </table>	Contact Priority (check one each):		Emergency:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	School Closure:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
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## 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

<b>Parent or Guardian</b>	
Name (please print): _____	Signature: _____
	Date: _____
	YYYY-MMM-DD
<b>Parent or Guardian</b>	
Name (please print): _____	Signature: _____
	Date: _____
	YYYY-MMM-DD
<b>Principal or Designate</b>	
Name (please print): _____	Signature: _____
	Date: _____
	YYYY-MMM-DD

## Checklist of Documents to Present to the School

- Completed, signed and dated registration form
- Proof of address (agreement of purchase and sale, utility bill, property tax bill or home phone/cable/internet bill)
- Proof of student's date of birth (birth certificate, passport, birth registration, citizenship card or statement of live birth)
- Student's immunization records. Student's entering from outside the Renfrew County should contact the Renfrew County and District Health Unit at (613) 735-8666 or visit their Pembroke office at 7 International Dr.
- Proof of custody where applicable (custody orders, court ordered Guardianship)
- Immigration documents where applicable
- Transcript (for secondary school students)
- Copy of latest report card (if coming from another school)