

STUDENT REGISTRATION FORM

(PLEASE PRINT)

STUDENT INFORMATION

Legal Surname:	Preferred Surname:
Legal Middle Name:	Preferred First Name:
Legal First Name:	
Gender: Male 🗆 Female 🗆	Date of Birth (yyyy/mm/dd):

Note: Legal Name as shown on legal document (i.e. birth certificate, passport, change of name order, etc.) and will appear on all school Official Records

STUDENT ADDRESS INFORMATION

Home Address:				
-	Number	Street		Apt/Unit/Suite Number
City/Town			Province	Postal Code
Home Phone Nu	mber:		Lis	ted: Yes 🗆 No 🗆

STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

Country of Citizenship:	Citizenship: Province of Birth:			
	(If born in Canada)			
Languages Spoken (indicate all languages including English)				
1)	First Language 🗆 Spoken at Home 🗆			
2)				
Fill in the section below <u>ONLY</u> if country of birth is something other than Canada				
Birth Country:	Country of Last Residence:			
Status is Canada:	Date Arrived in Canada: Expiry Date:			
EDUCATIONAL BACKGROUND				
Name of Previous School:				

Previous School Address:	Phone:		
Draviaus School Doordy	City/Town Provin		
	tered at a school within the Toro		Yes 🗆 No 🗆
If Yes, provide the name of the s	chool:	Last gi	ade attended:
Has the student previously receiv Type of program (if known	ved Special Education Support?	Yes 🗆 No 🗆	

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the student currently under suspension from any school or board?		Yes 🗆 No 🗆	
Is the student currently under expulsion from any school or board?			Yes 🗆 No 🗆
FOR SECONDARY SCHOOL USE ONLY:			
Previous Community Service Hours completed outside Toron	to District Scho	ol Board:	hours
Grade 10 Literacy Test successfully completed (please provide proo			
First Entered ONTARIO Secondary Schools after Grade 9 Yes			Cohort Year:
MEDICAL INFORMATION			
Health Card No. 🔄 📋 📋 📋 📋 📋 📋	(Version N	l0.) (optional but recommended	<i>(</i>)
Medical Conditions:			
If your child has medical needs or conditions of which the sch condition(s) below:	ool should be a	iware, please describe	Life Threatening
			Yes 🗆 No 🗆
SIBLING INFORMATION (if the student has brothers or sisters in	n this school, please in	dicate)	
Surname (1):	Surname (2):		
First Name (1):			
PARENT/LEGAL GUARDIAN CONTACT INFOR	MATION		
CONTACT 1			
	Name:		Male 🗆 Female 🗆
		riority: 1 2 3 4 School	Closure priority: 1 2 3 4
Surname: First	Emergency p	riority: 1 2 3 4 School circle your choice: 1=high priori	Closure priority: 1 2 3 4
Surname: First Relationship to student:	Emergency p	riority: 1 2 3 4 School circle your choice: 1=high priori	Closure priority: 1 2 3 4 ity, 4=low priority
Surname: First Relationship to student: Home Phone Number:	Emergency p Check all app Has Access	riority: 1234 School circle your choice: 1=high priori licable boxes Legal Guardian 🗆	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail
Surname: First Relationship to student: Home Phone Number: Business Phone Number:	Emergency p Check all app Has Access to Student	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records
Surname: First Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number:	Emergency p Check all app Has Access	riority: 1234 School circle your choice: 1=high priori licable boxes Legal Guardian 🗆	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail
Surname: First Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address [*] :	Emergency p Check all app Has Access to Student	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records
Surname: First Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address*: CASL □	Emergency p Check all app Has Access to Student	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records
Surname: First Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address*: CASL □	Emergency p Check all app Has Access to Student	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records
Surname:	Emergency p Check all app Has Access to Student	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records Speaks English
Surname:	Emergency p Check all app Has Access to Student Yes \[No \[riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records Speaks English Postal Code
Surname:	Emergency pr Check all app Has Access to Student Yes No D	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records Speaks English Postal Code Male Female
Surname:	Emergency pr Check all app Has Access to Student Yes No D	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province	Closure priority: 1 2 3 4 Receives Mail Has Access to Records Speaks English Postal Code Male Female Closure priority: 1 2 3 4
Surname:	Emergency pr Check all app Has Access to Student Yes No D	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province	Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records Speaks English Postal Code Male Female Closure priority: 1 2 3 4
Surname:	Emergency p Check all app Has Access to Student Yes No D	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province	Closure priority: 1 2 3 4 Receives Mail Has Access to Records Speaks English Postal Code Male Female Closure priority: 1 2 3 4
Surname:First Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address*: CASL □ Home Mailing Address (complete if different than student's) Number Street City/Town CONTACT 2 Surname: First Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number:	Emergency provide the second s	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province Province riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody	Closure priority: 1 2 3 4 Receives Mail Has Access to Records Speaks English Postal Code Male Female Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records
Surname:	Emergency provide the second s	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province Province	Closure priority: 1 2 3 4 Receives Mail Has Access to Records Speaks English Postal Code Male Female Closure priority: 1 2 3 4 ity, 4=low priority 1 2 3 4
Surname:	Emergency provide the second s	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province Province riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody	Closure priority: 1 2 3 4 Receives Mail Has Access to Records Speaks English Postal Code Male Female Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records
Surname:	Emergency provide the second s	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province Province riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody	Closure priority: 1 2 3 4 Receives Mail Has Access to Records Speaks English Postal Code Male Female Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records
Surname:	Emergency provide the second s	riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody Lives with student Province Province riority: 1 2 3 4 School circle your choice: 1=high priori licable boxes Legal Guardian Has Custody	Closure priority: 1 2 3 4 Receives Mail Has Access to Records Speaks English Postal Code Male Female Closure priority: 1 2 3 4 ity, 4=low priority Receives Mail Has Access to Records

CONTACT 1		
Surname:	First Name:	Male 🗆 Female
Relationship to student:	Emergency priority: 1 2 circle your ch	3 4 School Closure priority: 1 2 3 4 Noice: 1=high priority, 4=low priority
Home Phone Number:		
Business Phone Number:		
CONTACT 2		
Surname:	First Name:	Male 🗆 Female
Relationship to student:	Emergency priority: 1 2	3 4 School Closure priority: 1 2 3 4

INDIGENOUS STUDENT SELF-IDENTIFICATION

All parents/guardians of Indigenous students, and students where they are 18 years of age or older, have the right to voluntarily selfidentify. Please check the most appropriate single box to indicate Indigenous Identity (if applicable).

First Nation Ancestry (Status or non-Status) Métis Ancestry 🗆 Inuit Ancestry

ADDITIONAL STUDENT INFORMATION (if required for school)

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

Signature of Parent/Legal Guardian

EMERGENCY CONTACT INFORMATION (If parent/quardian cannot be reached)

STUDENT REGISTRATION FORM

Home Phone Number: Business Phone Number:

Indigenous person outside of Canada Other 🗆

circle your choice: 1=high priority, 4=low priority

yyyy/mm/dd

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions or concerns about this collection should be directed to the Privacy Office, Toronto District School Board, 1 Civic Center Court, 4th Floor, Etobicoke Ontario, M9C 2B3 or (416)394-2344.

*Email address will be used to provide information such as student progress and information nights and information from Board officials or the Board of Trustees that relate to the education of students or operation of schools.

**Email address will also be used to provide information of a commercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. CASL prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Toronto District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.

Male 🗆 Female 🗆

Male 🗆 Female 🗆