



## ADMINISTRATIVE GUIDELINES

### Title: Student Registration Form - Elementary

**Effective Date:** December 2011      **Responsibility:** Superintendent of Program  
and Schools

#### **Rationale**

The elementary schools in Near North District School Board require information about students when they enroll in school. Most students enroll in a school at the Kindergarten level but many will also enroll at other grade levels.

#### **Procedures**

When a student enrolls in an elementary school in Near North District School Board the Student Registration Form JK to 8 (Appendix A) must be completed. The section of the form entitled Additional Information (For JK & SK) will be used only for those students who enroll in either junior or senior kindergarten.

The information from this form will be the data required for the student administrative systems of the school.

#### **Note:**

For any Junior Kindergarten and Senior Kindergarten students who register after June 30th, the first page of the registration form must be faxed to the transportation department.



**Office Use Only**

School: \_\_\_\_\_  
Student #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OEN #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Registration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Entry to this School: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Grade: \_\_\_\_\_ Track: \_\_\_\_\_ Register: \_\_\_\_\_  
Homeroom: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

**ELEMENTARY STUDENT REGISTRATION FORM**

APPENDIX A

Student 's Legal Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Preferred Name if different from legal: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Gender: F / M Date of Birth: / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Health Card # : \_\_\_\_\_  
YY MM DD

Siblings in this School: \_\_\_\_\_

If entered Canada for the first time during last 4 school years: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Entered from: \_\_\_\_\_  
(YY/MM/DD)

Language Spoken at Home: \_\_\_\_\_ Proof of Age: \_\_\_\_\_  
( e.g. Birth Certificate )

First Language: \_\_\_\_\_

Has this Student Attended a School within the Near North Board before?  YES  NO

Previous School Attended \_\_\_\_\_

Address: \_\_\_\_\_ Phone / Fax #s: \_\_\_\_\_

Has your child been identified with an IPRC? (Identification Placement Review Committee)  YES  NO

Does student have an IEP? (Individual Education Plan) \_\_\_YES \_\_\_NO

List Exceptionality: \_\_\_\_\_

Has your child been involved with any community Agencies?  YES  NO

If Yes, Name of Agencies: \_\_\_\_\_

**Home Address**

Street # & Name: \_\_\_\_\_

Apt./Unit: \_\_\_\_\_ Civic Number (911 Emergency Locator): \_\_\_\_\_

City / Town / \_\_\_\_\_ Postal Code \_\_\_\_\_

**Mailing Address:** (if different from above)

Box: \_\_\_\_\_ R.R.# \_\_\_\_\_ Lot: \_\_\_\_\_ Concession #: \_\_\_\_\_ Township: \_\_\_\_\_

City / Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Unlisted \_\_\_\_\_ E-Mail \_\_\_\_\_

Tax Base (circle choice) Public  or Separate  and English  or French

Pickup Address: (if different from home)

Drop off Address: (if different from home)

## Parent /Guardian Information:

Name : \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Relationship to Student: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: 1<sup>st</sup> : \_\_ 2<sup>nd</sup> : \_\_ 3<sup>rd</sup> : \_\_ School Closure Contact : 1<sup>st</sup> : \_\_ 2<sup>nd</sup> : \_\_ 3<sup>rd</sup> : \_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext. \_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please check (✓) the following:

Guardian: \_\_\_\_ Custody: \_\_\_\_ Lives with Student: \_\_\_\_ Access to Records: \_\_\_\_ Receives Mail: \_\_\_\_

Name : \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Relationship to Student: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: 1<sup>st</sup> : \_\_ 2<sup>nd</sup> : \_\_ 3<sup>rd</sup> : \_\_ School Closure Contact : 1<sup>st</sup> : \_\_ 2<sup>nd</sup> : \_\_ 3<sup>rd</sup> : \_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Ext. \_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please check (✓) the following:

Guardian: \_\_\_\_ Custody: \_\_\_\_ Lives with Student: \_\_\_\_ Access to Records: \_\_\_\_ Receives Mail: \_\_\_\_

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### ABORIGINAL ANCESTRY INFORMATION

Do you wish to voluntarily identify this student as being of Aboriginal ancestry?

Yes  No

If yes, is he/she  First Nation  Inuit   
 Metis

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### CUSTODY ACCESS INFORMATION

*Custody can be an important issue for families. In order to prevent access of any parent, or other individual, we must have a signed order on file in the school. If you have questions, please speak with the principal.*

Custody Document: Requested  Received  Not Applicable

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### Citizenship & Immigration Canada Documentation

Country of Citizenship: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

If Country of birth is not Canada, please indicate date of arrival in Canada: \_\_\_\_\_

Status in Canada: \_\_\_\_\_

Date of arrival in Ontario: \_\_\_\_\_

#### Status in Canada

Confirmation of Permanent Residence  Date of Permanent Residence: \_\_\_\_\_

Study Permit  Date (back of card): \_\_\_\_\_

Visitor Record  Expiry Date: \_\_\_\_\_

Consideration of Eligibility (Convention Refugee)  Expiry Date: \_\_\_\_\_

Visa  Date Stamped: \_\_\_\_\_

Parent Work Permit  Expiry Date: \_\_\_\_\_

Visa Expiry Date: \_\_\_\_\_

Other Documentation Passport  Date Stamped: \_\_\_\_\_

Other (Please specify) \_\_\_\_\_  Date Signed/Stamped: \_\_\_\_\_

## In Case of Emergency /School Closure During the Day

(We try to contact you or a designate to ensure your child's safety)

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency Contact: 1<sup>st</sup>: \_\_ 2<sup>nd</sup>: \_\_ 3<sup>rd</sup>: \_\_ School Closure Contact: 1<sup>st</sup>: \_\_ 2<sup>nd</sup>: \_\_ 3<sup>rd</sup>: \_\_  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency Contact: 1<sup>st</sup>: \_\_ 2<sup>nd</sup>: \_\_ 3<sup>rd</sup>: \_\_ School Closure Contact: 1<sup>st</sup>: \_\_ 2<sup>nd</sup>: \_\_ 3<sup>rd</sup>: \_\_  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Emergency Contact: 1<sup>st</sup>: \_\_ 2<sup>nd</sup>: \_\_ 3<sup>rd</sup>: \_\_ School Closure Contact: 1<sup>st</sup>: \_\_ 2<sup>nd</sup>: \_\_ 3<sup>rd</sup>: \_\_  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Should we be unable to contact you your child will be cared for by school staff.  
**Should any of this information change please inform the school immediately.**

### Health:

#### Medical Concerns (i.e. allergies, asthma, medication)

Does your child have any physical, behavioural or medical concerns? For example:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> High Fevers (>103°, 3 days)                   | <input type="checkbox"/> Food Allergies                                    | <input type="checkbox"/> Serious Injuries      |
| <input type="checkbox"/> Seizures/Convulsions                          | <input type="checkbox"/> Environmental Allergies                           | <input type="checkbox"/> Headaches/Dizziness   |
| <input type="checkbox"/> Meningitis                                    | <input type="checkbox"/> Asthma  | <input type="checkbox"/> Sleeping Difficulties |
| <input type="checkbox"/> Vision Problems                               | <input type="checkbox"/> On-going Medication(s)                            |  |
| <input type="checkbox"/> Hearing Problems/Chronic Ear Infections/Tubes | <input type="checkbox"/> On-going Feeding/Eating/Choking/Drooling Problems |  |
| <input type="checkbox"/> Anaphylaxis Trigger(s)                        | _____  |  |

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Medical Diagnosis:** (e.g. cerebral palsy, spina bifida): \_\_\_\_\_

Family Doctor:(If available) \_\_\_\_\_ Phone #: \_\_\_\_\_

Pediatrician: (If available) \_\_\_\_\_ Phone #: \_\_\_\_\_

**Information on this form will be used for home/school communications, planning and programming such as transportation, and to establish the Ontario Student Record.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (Guardian)

# FOR OFFICE USE only:

Bus       Taxi       Walk       Parent provides transportation

## Transportation: (to be approved by Transportation Department)

Bus Route Number \_\_\_\_\_ Bus Company \_\_\_\_\_

Address child comes to/from for school each day if different from home address:  
(use same format as asked for in Home Address)

Pickup Address:

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Drop off Address:

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## OTHER INFORMATION:

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Item	✓	Item	✓
Student Number		Admit / Demit / Change Board	
Entered in Computer		Parent Letter	
Entered on Class List		Proof of Identification Received - Birth Certificate or Baptismal Certificate	
O.S.R. Requested		O.S.R. Received	

**ADDITIONAL INFORMATION**  
***(For JK and SK Registration Only)***

1. Do you have concerns about your child's development (gross motor, fine motor, speech and language, social/emotional, behavioral)? If yes, please describe your concerns:

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2. Is your child completely toilet trained?    YES    NO

3. **BEHAVIOUR AND SOCIAL DEVELOPMENT**

What are your child's strengths/interests?

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Is your child experiencing any social/emotional/behavioural difficulties at this time?

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Does your child have any fears/anxieties? \_\_\_\_\_

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4. **OTHER**

Do you have any further information that will help us to support your child?

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