



ADMINISTRATIVE GUIDELINES

Title: Student Registration Form - Elementary

Effective Date: January 2017

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 elementary students (JK to Grade 8) who register after June 30th, email the first page of the Registration Form and the Transportation Request Form to: registrations@nearnorthschools.ca or fax to: 705-472-9927 or drop off at 963 Airport Road, North Bay, ON between the hours of 8:00 a.m. to 2:30 p.m. Secondary student registrations are required directly at the attending secondary school.

Health: Medical Concerns (i.e. Allergies, asthma, medication)

Does your child have any life threatening medical conditions or medical concerns?

Asthma Diabetes Anaphylaxis Trigger(s) _____

Comments: _____

Family Doctor :(If available) _____ Phone #: _____

Pediatrician: (If available) _____ Phone #: _____

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: _____

Citizenship & Immigration Canada Documentation

Country of Birth: _____ Country of Citizenship: _____

Status in Canada: _____

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

Date of arrival in Ontario: _____

Status in Canada

Confirmation of Permanent Residence	<input type="checkbox"/>	Date of Permanent Residence: _____
Study Permit	<input type="checkbox"/>	Date (back of card): _____
Visitor Record	<input type="checkbox"/>	Expiry Date: _____
Consideration of Eligibility (Convention Refugee)	<input type="checkbox"/>	Expiry Date: _____
Visa	<input type="checkbox"/>	Date Stamped: _____
Parent Work Permit	<input type="checkbox"/>	Expiry Date: _____
Other Documentation (Passport)	<input type="checkbox"/>	Date Stamped: _____
Other (Please specify) _____		

Parent /Guardian Information:

Name: _____

Relationship to Student: _____ Employer: _____

Emergency Contact: 1 2 3

School Closure Contact: 1 2 3

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: _____

Relationship to Student: _____ Employer: _____

Emergency Contact: 1 2 3

School Closure Contact: 1 2 3

Home Phone #: _____ Business Phone #: _____ Ext. _____

Cell Phone #: _____ E-Mail Address: _____

Please check (✓) the following:

Guardian: _____ Custody: _____ Lives with Student: _____ Access to Records: _____ Receives Mail: _____

Custody Access Information

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

Custody Document: Requested Received Not Applicable

Indigenous Ancestry Information

All parents/guardians and students who are 18 years or older, have the right to voluntarily self-identify as First Nation, Metis or Inuit. By self-identifying, you help us to monitor the success of programs and services that we offer as well as considering other ways that we might support the educational experiences of our Indigenous students.

If choosing to self-identify, please check the appropriate box First Nation Metis Inuit

Office 365 Consent

Office 365 includes a suite of online features such as web based e-mail. Students all have access to a @nearnorthschools.ca personal e-mail account. Office 365 also includes other collaboration tools such as a personal address book, calendar, news feeds, and the ability to create and publish quality web sites to share their learning experiences. Office 365 includes OneDrive which is a personal online storage area where documents can be saved and shared securely. Your child (ren) also have access to online versions of Microsoft Word, Excel, PowerPoint, and OneNote all within Office 365.

Student's first name, last name and school name will be published within Office 365 for the sole purpose of collaborating with other students and staff of the Near North District School Board.

Parent/Guardian name (please print): _____ Date: _____

Signature: _____

CANADA'S ANTI-SPAM LEGISLATION (CASL)

Parents/Guardians: The Near North District School Board wants to keep you informed about what's happening at schools across the district. Email and other electronic communications are some of the best ways to stay in touch. To provide us with consent to send you electronic messages, please complete and sign below:

____ Yes, I consent to receive electronic messages. Date: _____

Email Address (list one only and please print): _____

Parent/Guardian Name: _____ Parent/Guardian signature: _____

If you wish to withdraw your consent by unsubscribing to any future electronic messages you receive from us please let us know at unsubscribe@neamorthschools.ca.

In Case of Emergency /School Closure during the Day

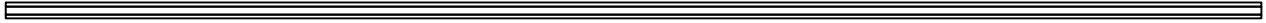
(We try to contact you or a designate to ensure your child's safety)

Name _____ Relationship to Student: _____ Address: _____

Emergency Contact: 1 2 3

School Closure Contact: 1 2 3

Cell Phone # _____ Home Phone # _____ Work Phone #: _____

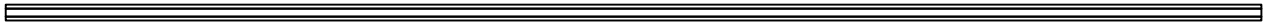


Name _____ Relationship to Student: _____ Address: _____

Emergency Contact: 1 2 3

School Closure Contact: 1 2 3

Cell Phone # _____ Home Phone # _____ Work Phone #: _____



Name _____ Relationship to Student: _____ Address: _____

Emergency Contact: 1 2 3

School Closure Contact: 1 2 3

Cell Phone # _____ 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.

Information obtained from this registration form will be used for home/school communications, planning and programming and to establish the Ontario Student Record.

_____ Date

_____ Signature of Parent/Guardian

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:

2. Is your child completely toilet trained? YES NO

3. **BEHAVIOUR AND SOCIAL DEVELOPMENT**

What are your child's strengths/interests?

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

Does your child have any fears/anxieties? _____

4. **OTHER**

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



TRANSPORTATION FORM

EL-001
Rev. DEC 2019

OEN: _____

New Student – previous school: _____

Changing and/or Updating a Student's Record

Joint Custody: Use Form #: EL-004-1 Transportation Request for Joint Custody

Demitted Student / Date: _____

REQUESTED EFFECTIVE DATE: _____, **20** _____

3 full business days are required to arrange transportation and advise all parties involved, **except during the school start-up period. Changes received after July 31 may take up to 3 weeks to process.** Transportation is the parent's responsibility until transportation arrangements have been confirmed.

STUDENT'S NAME:		
SCHOOL:	GRADE:	<input type="checkbox"/> French Imm. <input type="checkbox"/> Extended French Imm. <input type="checkbox"/> Program:
HOME ADDRESS: <small>(complete with city/municipality)</small>		POSTAL CODE:
PARENTS/GUARDIAN NAME:	<u>TRANSPORTATION NOT REQUIRED:</u>	
PRIMARY TELEPHONE NUMBER:	<input type="checkbox"/> School Daycare <input type="checkbox"/> AM <input type="checkbox"/> PM	
ADDITIONAL TELEPHONE NUMBER(S):	<input type="checkbox"/> Parents Driving	
	<input type="checkbox"/> Walking	

TRANSPORTATION REQUIRED:

<u>AM Pick-up Address:</u> <input type="checkbox"/> Home <input type="checkbox"/> Sitter/Daycare	<u>PM Drop-off Address:</u> <input type="checkbox"/> Home <input type="checkbox"/> Sitter/Daycare
<u>Name of Sitter/Telephone Number:</u>	<u>Name of Sitter/Telephone Number:</u>

_____ Date

_____ Signature of Parent/Guardian

SCHOOL USE ONLY
 UPDATED TRILLIUM / ASPEN
 FAXED TO NPSSTS 705-472-3170



TRANSPORTATION REQUEST FOR JOINT CUSTODY

NIPISSING PARRY SOUND STUDENT TRANSPORTATION SERVICES – GUIDELINE EL-004

Inquiry DOES NOT necessarily approve transportation. Approval is based on the following requirements:

- 1) Transportation (if available) must follow Monday to Friday at each address (no mid-week changes);
- 2) Eligibility is determined by Board policy;
- 3) Students will be required to meet the bus at an existing bus stop

Student(s) Name	Grade	School	OEN

COMPLETE BOTH SECTIONS for PARENT #1 and #2

Parent #1	Parent #2
Starting Week of:	Starting Week of:
Address:	Address:
Phone Numbers:	Phone Numbers:
AM PICKUP ADDRESS for Parent #1: <hr/> Is AM Pickup Address: <input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transportation/Not Required	AM PICKUP ADDRESS for Parent #2: <hr/> Is AM Pickup Address: <input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transportation/Not Required
PM DROPOFF ADDRESS for Parent #1: <hr/> Is PM Dropoff Address: <input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transportation/Not Required	PM DROPOFF ADDRESS for Parent #2: <hr/> Is PM Dropoff Address: <input type="checkbox"/> Home <input type="checkbox"/> Sitter or Daycare <input type="checkbox"/> Own Transportation/Not Required

SIGNATURE OF SCHOOL PRINCIPAL:	DATE:
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*Approval by school principal is required for reasons of safety and to ensure that the schedule is followed.

School Office Use Only

School	
Teacher Name	
Student #	
OEN #	
Date of Registration	
Date of Entry to School	
Grade	
Track	
Register	
Homeroom	
Home address/Eligibility to attend verified	
Resident Pupil	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No: Tuition Paid by	First Nation Education Authority <input type="checkbox"/> VISA International Student <input type="checkbox"/>
Proof of Identification Received Birth or Baptismal Certificate	
Admit / Demit / Change Board	
Parent Letter	
Entered in Computer	
Entered on Class List	
O.S.R. Requested	
O.S.R. Received	
Updated in Trillium	
Transportation request faxed to NPSSTS 705-472-3170	