



ADMINISTRATIVE GUIDELINE

Title: Student Registration Form

Effective Date: January 2017

Last Updated: March 2021

June 30, 2021

Responsibility: Superintendent of
Programs and Schools

Rationale

Schools in the Near North District School Board (NNSDB) require information about students upon registration so that an Ontario Student Record (OSR) can be established, requested and/or updated. The information requested in the Student Registration Form aligns with the Ministry of Education's OSR Guideline.

Procedures

Parents or guardians wishing to enroll their child in a NNSDB school must complete the Student Registration Form (Appendix A). This form can be completed electronically or in paper format. Once complete, the Registration Form and supporting documentation must be provided to the school directly in-person, via email, or via regular mail. School contact information is available on our School Directory webpage: <https://www.nearnorthschools.ca/school-directory/>

Upon receipt by the school, the appropriate personnel will reach out to the parent with further information, which may include booking a meeting, tour, and/or completing course selection (where applicable).

Electronic registration forms in both PDF and Word formats, along with additional registration information, can be found on our Registration webpage: <https://www.nearnorthschools.ca/schools/registration/>

Note

For any students who are wishing to register outside of the regular school year (i.e. summer months), please email the Student Registration Form and the Transportation Request Form to: registrations@nearnorthschools.ca or fax to: 705-472-9927. Alternatively, it can be dropped off at our Board Office, located at 963 Airport Road, North Bay, ON during regular business hours.

Student Registration Form

Section 1: Student Information

<p>Legal Name: Last First Middle</p> <p>Preferred Name:</p> <p>Gender: (please circle) Male Female Non-Disclosed Self-Identified</p> <p>Additional Gender Information:</p> <p><i>Our Board is committed to working with students and families to provide environments that best respect dignity, meet individual needs and promote inclusion. A student's preferred or chosen name and a change of gender can be used on class lists, timetables, etc. However, a student's legal name cannot be changed in our student information system without documentation of a legal name change.</i></p>	<p>Date of Birth: Year (YYYY) Month (MM) Day (DD)</p> <p>Proof of Age: <i>Please include a copy of a Proof of Age document with your registration submission (acceptable documents include Birth Certificate, Baptismal Certificate, Passport/Visa)</i></p> <p>Entering Grade:</p> <p>First Language:</p> <p>Language Spoken at Home:</p> <p>Name siblings attending this school:</p>
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Section 2: Educational Information

<p>NNDSB Language Program: (circle one) English Extended French French Immersion</p> <p>Previous School Attended: Board School Address Phone</p> <p>Date last attended:</p> <p>Has this student attended a school within the Near North Board before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has your child been identified by an IPRC? (Identification Placement Review Committee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your child have an IEP? (Individual Education Plan) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Exceptionality as stated on IPRC:</p> <p>Has your child been involved with any Community Agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide name of agency:</p>
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Section 3: Home Information

Home Address:

Address
Apt/Unit
Civic/911 Number
City/Town
Postal Code

Proof of Address: **Must be current
Please include a copy of the Proof of Address document
with your registration submission (**acceptable
documents include utility bill, phone/internet bill,
property tax bill, agreement of purchase of sale**)
**Driver's license or general mail cannot be accepted as
Proof of Address.

Mailing Address: check if same as home address

Address
Street Name
House Number
Box
RR #
Lot
Concession
Township
City/Town
Postal Code

Section 4: Parent/Guardian Information

Parent/Guardian # 1

Name

Relationship to the Student: (check one)

Mother Father Step-Parent
 Guardian

Home Phone
Cell Phone
Work Phone
... extension
Employer

Email

Custody Orders: Yes No
If yes, please provide signed court order

Lives with student: Yes No

Access to Records: Yes No

Emergency Contact Priority:

1 2 3

School Closure Notice Priority:

1 2 3

Parent/Guardian # 2

Name

Relationship to the Student: (check one)

Mother Father Step-Parent
 Guardian

Home Phone
Cell Phone
Work Phone
... extension
Employer

Email

Custody Orders: Yes No
If yes, please provide signed court order

Lives with student: Yes No

Access to Records: Yes No

Emergency Contact Priority:

1 2 3

School Closure Notice Priority:

1 2 3

Section 5: Medical Information

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

- None Asthma Diabetes
 Anaphylaxis Other

If yes, please provide additional details:

Health Card Number:

Family Doctor Information

Name
Phone

Pediatrician Information (if applicable)

Name
Phone

Section 6: Citizenship and Immigration Information

Country of Birth:

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

Entered from:

Date of Arrival in Ontario:

Country of Citizenship:

If not Canadian, specify current status in Canada:

Date related to Status identification document above (date of permanent residence, expiry date, date stamped, etc.)

Section 7: Indigenous Ancestry Information - Optional

We ask families to voluntarily self-identify, without a need for proof of ancestry/status cards, in order for our board to understand more about the population we serve. Self-identification data is confidential but helps us provide supportive, culturally relevant programming to enhance school experiences and increase student achievement.

If choosing to self-identify, please check the appropriate box:

- First Nation Métis Inuit

Section 8: Emergency Contact Information Must be different from Parent/Guardian listed in Section 4

Contact #1

Name
Relationship to the Student
Home Phone
Cell Phone
Work Phone
...extension
Employer

Emergency Contact Priority:

- 1 2 3

School Closure Notice Priority:

- 1 2 3

Contact # 2

Name
Relationship to the Student
Home Phone
Cell Phone
Work Phone
...extension
Employer

Emergency Contact Priority:

- 1 2 3

School Closure Notice Priority:

- 1 2 3

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

- By checking this box, you are providing your permission to use the information contained in this form for registration purposes:**

Name:

Date:



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:

By checking this box, you are providing your consent to the use of Office 365

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 provide my consent to receive electronic messages. Date:

Email Address (list one only):

Parent/Guardian Name:

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



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> <input type="checkbox"/> School Daycare <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Parents Driving <input type="checkbox"/> Walking	
PRIMARY TELEPHONE NUMBER:		
ADDITIONAL TELEPHONE NUMBER(S):		

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 <input type="checkbox"/> UPDATED TRILLIUM / ASPEN <input type="checkbox"/> EMAIL TO NPSSTS



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.