

Section 1: Student Information

Legal Name:

Last
First
Middle

Preferred Name:

Gender :

Select

Self-Identified Gender:

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.

Date of Birth:

Year (YYYY)
Month (MM)
Day (DD)

Proof of Age:

Select

Please include an electronic copy (picture or scan) of the Proof of Age document with your registration submission

Entering Grade:

First Language:

Language Spoken at Home:

Name siblings attending this school:

Section 2: Educational Information

NNDSB Language Program:

Select

Previous School Attended:

Board
School
Address
Phone

Date last attended:

Has this student attended a school within the Near North Board before?

Yes No

Has your child been identified by an IPRC?

(Identification Placement Review Committee)

Yes No

Does your child have an IEP? (Individual Education Plan)

Yes No

Exceptionality as stated on IPRC:

Has your child been involved with any Community Agencies?

Yes No

If yes, please provide name of agency:

Section 3: Home Information

Home Address:

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

Proof of Address: Must be current
Select

Please include an electronic copy (picture or scan) of the Proof of Address document with your registration submission Driver's license or general mail can not be accepted as Proof of Address.

Mailing Address: *check if same as home 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: Select
Home Phone
Cell Phone
Work Phone
... extension
Employer
Email

Custody/Guardian Orders: Yes No
If yes, please provide signed documentation

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: Select
Home Phone
Cell Phone
Work Phone
... extension
Employer
Email

Custody/Guardian Orders: Yes No
If yes, please provide signed documentation

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?
Select
If yes, please provide additional details:

Family Doctor Information

Name
Phone

Pediatrician Information (if applicable)

Name

| | |
|----------------------------|---------------|
| Health Card Number: | Phone: |
|----------------------------|---------------|

| Section 6: Citizenship and Immigration Information | |
|---|--|
| Country of Birth: | Country of Citizenship: |
| If Country of Birth is not Canada, please indicate date of arrival in Canada: | If not Canadian, specify current status in Canada: Select |
| Entered from: | Date related to Status identification document above (date of permanent residence, expiry date, date stamped, etc.): |
| Date of Arrival in Ontario: | |

| 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: |
| <input type="checkbox"/> First Nation <input type="checkbox"/> Metis <input type="checkbox"/> Inuit |

| Section 8: Emergency Contact Information - must be different from Parent/Guardian | |
|--|--|
| Contact #1 | Contact # 2 |
| Name: | Name: |
| Relationship to the Student: | Relationship to the Student: |
| Home Phone | Home Phone |
| Cell Phone | Cell Phone |
| Work Phone | Work Phone |
| ...extension | ...extension |
| Employer | Employer |
| Emergency Contact Priority: | Emergency Contact Priority: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| School Closure Notice Priority: | School Closure Notice Priority: |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

Information obtained from this registration form will be used for home/school communications, planning and programing 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: _____

Signature: _____

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

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: _____

Please be aware that you are consenting to receive electronic messages at the email address below as well as any future email addresses you may provide. 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**.