Student Registration Form

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| **Section 1: Student Information** |
| **Legal Name:**Last First Middle | **Date of Birth:** Year (YYYY) Month (MM) Day (DD) |
| **Preferred Name:****Gender**: (please circle) | **Proof of Age**:*Please include a copy of a Proof of Age document with your registration submission* ***(acceptable documents include Birth Certificate, Baptismal Certificate, Passport/Visa)*** |
| Male Female Non-Disclosed Self-Identified |  |
| **Self-Identified Gender:** | **Entering Grade:** |
|  | **First Language:** |
| *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.* | **Language Spoken at Home:****Name siblings attending this school:** |

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| **Section 2: Educational Information** |
| **NNDSB Language Program**: (circle one) English Extended French French Immersion**Previous School Attended:**Board School Address PhoneDate 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 NoIf yes, please provide name of agency: |

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| **Section 3: Home Information** |
| **Home Address:**Address | **Mailing Address**:Address Street NameHouse Number BoxRR #Lot Concession Township City/Town Postal Code | *check if same as home 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.* |

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| **Section 4: Parent/Guardian Information** |
| **Parent/Guardian # 1**NameRelationship to the Student: (check one)Mother Father Step-Parent GuardianHome Phone Cell Phone Work Phone… extension EmployerEmail**Custody Orders**: Yes NoIf 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**NameRelationship to the Student: (check one)Mother Father Step-Parent GuardianHome Phone Cell Phone Work Phone… extension EmployerEmail**Custody Orders**: Yes NoIf 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 |

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| **Section 5: Medical Information** |
| Does your child have any life-threatening medical conditions or medical concerns?None Asthma Diabetes Anaphylaxis Other | **Family Doctor Information**Name Phone |
| If yes, please provide additional details: | **Pediatrician Information (if applicable)**Name |
|  | Phone |

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| **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.) |

Inuit

Métis

First Nation

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:**

**Section 7: Indigenous Ancestry Information - Optional**

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| **Section 8: Emergency Contact Information****Must be different from Parent/Guardian listed in Section 4** |
| **Contact #1**NameRelationship to the Student Home PhoneCell Phone Work Phone…extension Employer**Emergency Contact Priority**:1 2 3**School Closure Notice Priority**:1 2 3 | **Contact # 2**NameRelationship to the Student Home PhoneCell 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 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: |



**NAME OF STUDENT TO WHOM THIS CONSENT APPLIES:**

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# 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 websites 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**.