



## STUDENT REGISTRATION FORM

### Student Information

Legal Name (Last, First, Middle): \_\_\_\_\_

Preferred Name (if different from Legal Name): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Female  Male  Not Disclosed  Self Identify as: \_\_\_\_\_

*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.*

Main Phone Number: \_\_\_\_\_

Enrolment Date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Previously Attended a School within the Near North District School Board  YES  NO

Ontario Education Number (OEN if known): \_\_\_\_\_

### Citizenship / Immigration

Student's Residence Status:  Canadian Citizen  Permanent Resident  Refugee Status  Study Permit  Exchange Student  
 Parent's Study Permit  Parent's Work Permit  Other (specify)...

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

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

Province of Birth: \_\_\_\_\_

\*Date of Entry into Canada (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Permit Expiry Date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*DOB / Proof of Age Document  Birth Certificate  Baptismal Certificate  
 Visa / Passport  Other (specify)...

PROVIDE: Proof of Age document with your registration

\*OFFICE USE - Applicable Document(s) Reviewed 

### Previous Education

School Name: \_\_\_\_\_ School Board Name: \_\_\_\_\_

Full School Address: \_\_\_\_\_

Country of School (outside of Canada): \_\_\_\_\_ Date Last Attended (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has the student ever been excluded, suspended or expelled from a school or board?  YES  NOHas your child been identified by an IPRC (Identification Placement Review Committee)?  YES  NODoes your child have an IEP (Individual Education Plan)?  YES  NO

Exceptionality as stated on IPRC: \_\_\_\_\_

Community Agencies your child has been involved with: \_\_\_\_\_

### Family Information

Siblings attending this Board (Last, First, Middle):

1. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

2. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Student's Home Address: Street, Apt/Suite \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\*Proof of Address  Utility Bill  Home Phone/Internet Bill  Agreement of Purchase of Sale  
 Property Tax Bill  Lease / Rental Agreement  Notarized Residency Document

**Driver's License, Health Card or Cellular Phone Bill**  
**CAN NOT be accepted as Proof of Address**

PROVIDE: Proof of Address document with your registration.

\*OFFICE USE - Document Reviewed 

Mailing Address (if different from above): Street, Apt/Suite, P.O. Box # \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Language / Optional Ancestry Information

NNDSB Program Stream:  English  French Immersion  Extended French (Begins in Grade 5)

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

Other Language Spoken at Home: \_\_\_\_\_

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

*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 well-being and achievement.*

## Parent / Guardian Contact Information

**Name of Contact #1** (Last, First, Middle): \_\_\_\_\_

Check here if you are an existing contact for another NNDSB student?

Emergency Contact  1  2  3  4

Employer: \_\_\_\_\_

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

Contact Phone Numbers:

Cellular Home Work

Primary \_\_\_\_\_

2nd \_\_\_\_\_

YES, I agree to receive  
SMS notifications on  
my cellular phone

\*Custody / Guardian Orders (Include legal document)  YES  NO

**\*OFFICE USE - Document Reviewed**

E-mail: \_\_\_\_\_

Access to Student (incl. Pick Up)  YES  NO

Address (if different from student): Street, Apt/Suite \_\_\_\_\_

Lives with Student  YES  NO

City, Province , Postal Code \_\_\_\_\_

Access to Records  YES  NO

**Name of Contact #2** (Last, First, Middle): \_\_\_\_\_

Check here if you are an existing contact for another NNDSB student?

Emergency Contact  1  2  3  4

Employer: \_\_\_\_\_

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

Contact Phone Numbers:

Cellular Home Work

Primary \_\_\_\_\_

YES, I agree to receive  
SMS notifications on  
my cellular phone

\*Custody / Guardian Orders (Include legal document)  YES  NO

**\*OFFICE USE - Document Reviewed**

Access to Student (incl. Pick Up)  YES  NO

E-mail: \_\_\_\_\_

Lives with Student  YES  NO

Address (if different from student): Street, Apt/Suite \_\_\_\_\_

Access to Records  YES  NO

City, Province , Postal Code \_\_\_\_\_

## Alternate Emergency Contact Information - Must be over the age of 18

**Name of Alternate Contact #1** (Last,First): \_\_\_\_\_

Contact Phone Numbers:

Cellular Home Work

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

Primary \_\_\_\_\_

Emergency Contact  1  2  3  4

Pick up Access  YES  NO

2nd \_\_\_\_\_

**Name of Alternate Contact #2** (Last,First): \_\_\_\_\_

Contact Phone Numbers:

Cellular Home Work

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

Primary \_\_\_\_\_

Emergency Contact  1  2  3  4

Pick up Access  YES  NO

2nd \_\_\_\_\_

## Medical Information

Does your child have any life threatening medical conditions or concerns?  YES  NO

If YES provide details:  Asthma  Diabetes  Anaphylaxis  Other (specify)...

Family Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Forms and Consent. Please confirm the following:

\*Nipissing Parry Sound Student Transportation Form (**required by ALL students**) is complete and attached. **\*OFFICE USE - Document(s) Received**

\*Office 365 and Canada's Anti-Spam Legislation (CASL) Form is complete and attached.

All information provided above is correct and true. **By signing below I am providing permission to use this information for registration purposes.**

\_\_\_\_\_  
Signature of Parent / Legal Guardian

/ / /  
m m d d y y y y

*Personal information on this form is collected under the authority of the Education act, R.S.O 1990, c.E.2 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c.M.56, and will be used by School Administration for home/school communications, planning and programming and to establish the Ontario Student Record.*

All admissions are conditional pending receipt of required documentation.