



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 ☐ 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: _____

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 ☐ Notorized 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 _____ ☐ ☐ ☐ ☐ YES, I agree to receive SMS notifications on my cellular phone ☐ *OFFICE USE - Document Reviewed ☐

2nd _____ ☐ ☐ ☐ 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 _____, _____, _____

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 ☐ *OFFICE USE - Document Reviewed ☐

2nd _____ ☐ ☐ ☐ 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 ☐

2nd _____ ☐ ☐ ☐ Pick up Access ☐ YES ☐ NO

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

Contact Phone Numbers: _____ Cellular Home Work _____ Relationship to Student: _____

Primary _____ ☐ ☐ ☐ Emergency Contact 1 ☐ 2 ☐ 3 ☐ 4 ☐

2nd _____ ☐ ☐ ☐ Pick up Access ☐ YES ☐ NO

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

_____/_____/_____
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