

ELEMENTARY SCHOOL REGISTRATION FORM

Information on this form will be used for home/school communications, planning and programming such as transportation, and to establish the Ontario Student Record.

Office Use Only	
7) School: _____	1) ID# _____
14) OEN _____	15) Type _____
60) Class: _____	64) Age Verification: (Please Circle One) B C R N O P
371) Teacher: _____	285) Bus: _____
206) Entry Date _____	61) House Code _____

PLEASE PRINT

STUDENT INFORMATION

Has your child ever attended a York Region District School Board school? Yes School Name: _____ No

11) Legal Name - Family Name, First Name and Middle Names			2) Name to be used in school		
6) Grade	Kindergarten - If the school offers a half day program, which do you prefer? A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	If the school offers a full day/alternate day program which do you prefer? Mon./Wed./Alt. Fri. <input type="checkbox"/> Tue./Thur./Alt. Fri. <input type="checkbox"/>	5) Birthdate (YY / MM / DD)	3) Sex (Please Circle) F M	
24) Street #	25) Street Name	28) City	29) Province ON	30) Postal Code	26) Apt. #
27) P.O. Box or RR#		40) Munic	31) Phone # ()		32) Listed <input type="checkbox"/> Unlisted <input type="checkbox"/>
95) Special Custody Yes <input type="checkbox"/> No <input type="checkbox"/>		96) Custody (Mother/Father w/notice/Mother only/Father only/etc.)		97) Living With (Both Parents/Mother/Father/Legal Guardian/Grandparents/Other)	
U86) Access (Mother/Father w/notice/Mother only/Father only/etc.)		98) Legal Guardian (Parents/Father/Mother/Grandparents/Children's Aid/Relative/Other)			

PARENT/GUARDIAN INFORMATION

If address information different than above, fill in shaded area below.

FIRST PARENT/GUARDIAN (OR FATHER)		SECOND PARENT/GUARDIAN (OR MOTHER)	
U23) Relationship		U24) Relationship	
101) Title (Mr./Mrs./etc)		131) Title (Mr./Mrs./etc)	
102) Name (Family Name, First Name and Middle Name)		132) Name (Family Name, First Name and Middle Name)	
104) Street # <input type="checkbox"/> Same as Above	106) Apt #	134) Street # <input type="checkbox"/> Same as Above	136) Apt #
105) Street Name		135) Street Name	
107) P.O. Box or RR#		137) P.O. Box or RR#	
108) Town/City		138) Town/City	
110) Postal Code	111) Home Phone # ()	140) Postal Code	141) Home Phone# ()
113) Business Phone # ()	114) Extension #	143) Business Phone # ()	144) Extension #
U75) Car Phone # ()	U88) Pager # ()	U76) Car Phone # ()	U89) Page #
U78) Pager Ext.		U79) Pager Ext.	

Student's Name:	1) ID#
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EMERGENCY INFORMATION

240) 1 st Emergency Contact Name (Not Parent or Guardian)		241) 1 st Contact Phone # ()		242) 1st Cont Ext #
U40) 2 nd Emergency Contact Name (Not Parent or Guardian)		U36) 2 nd Contact Phone # ()		U60) 2 nd Cont Ext.#
244) Sitter/Daycare Name	246) Address	247) R.R.#	245) Phone Number # ()	257) Ext. #
260/261) Medical Problems				
262/263) Disabilities				
268/269) Emergency Comment				
264) Health Card Number # (optional)		270) Health Card Revision # (optional)		
266) Doctor's Name		267) Doctor's Phone # ()		

STUDENT HISTORY

U55) Home School (If attending on transfer)		U7) Transfer Reason		
201) Resident Yes <input type="checkbox"/> No <input type="checkbox"/> Specify _____		204) Name of Previous School		
Full Mailing Address of Previous School				
Phone Number of Previous School ()		Date Last Attended Previous School (YY / MM / DD)		
212) School Tax Support of Present Residence: Public School <input type="checkbox"/> Separate School <input type="checkbox"/>				
Entered Canada in the past 3 years Yes <input type="checkbox"/> No <input type="checkbox"/>		U32) Date Entered Canada (YY / MM / DD)	9) Country of Birth	331) Language First Spoken
65) Citizenship Status (Canadian/Permanent Resident (Landed Immigrant)/Visa/Other)		U34) Expiry Date (YY / MM / DD)		

Has your child previously received ESL Assistance ? Yes No
 Has your child previously received Special Education Assistance? Yes No
 Has there been an ISA claim for your child? Yes No Unsure

NOTICE TO PARENTS

Has your child ever been expelled from another school? Yes No If yes, was the student re-admitted? Yes No
 Is this student currently under suspension from any school? Yes No

Information is collected pursuant to the Education Act. It may be disclosed beyond the Board for purposes such as:

- ◆ School Councils, class lists, emergency phone networks, Student council, etc.
- ◆ In case of an accident or witness to an accident, the student's name and home address will be released to the Board's insurer,
- ◆ The release of names, ages, grades, with photographs, artwork, writing or other school work to the media for publicity,
- ◆ The use of names, photographs, etc. used for displays in the school, newsletters and yearbooks.

If you do not consent to the release of information for these purposes, please inform the principal in writing within 20 days.

I hereby certify that the above information is accurate to the best of my knowledge.

Signed (Parent/Guardian)

Date

The Registration form must be retained by the registering school for 5 years post retirement and may be filed independently of the OSR.