



Office Use Only	
School:	Student:
OEN#:	Grade:
Teacher:	Admit Date:

### Elementary Student 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.

**PLEASE PRINT**

Student Information							
Has your child ever attended a York Region District School Board school?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, Name of School :			School Phone #:	School Fax #:			
Legal Name - Family Name, First Name and Middle Name							
Preferred Name							
Date of Birth		Gender		Siblings at This School:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Year)	(Month)	(Day)	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Name	Grade	
					Name	Grade	
Birth Verification		<input type="checkbox"/> Birth Certificate/Statement of Live Birth/Birth Registration <input type="checkbox"/> Refugee Claimant Form (IMM 1442) <input type="checkbox"/> Permanent Residence Card (PRC) (Maple Leaf Card) <input type="checkbox"/> Confirmation of Permanent Residence (IMM 5292) <input type="checkbox"/> Baptismal Certificate			<input type="checkbox"/> Passport <input type="checkbox"/> Citizenship Card <input type="checkbox"/> Aboriginal Ancestry <input type="checkbox"/> Record of Landing (IMM1000)		
Street #	Street Name			Apt.#	City/Town	Province	
						<b>ON</b>	
P.O. Box or RR#		Township	Home Phone # (     )			Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>
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"/>			
Full Day Kindergarten (if offered at this location) <input type="checkbox"/>							
<b>Medical Alert Information/Disability/Allergies:</b>							
Student Identification Through IPRC:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Student has an IEP (Independent Education Plan):		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Tax Support</b>		<input type="checkbox"/> Public	<input type="checkbox"/> Separate	<input type="checkbox"/> Direction of School Support Form Completed and filed in the OSR <input type="checkbox"/> Permission to Attend form			

### Status in Country Information

<b>Country of Birth:</b>	<b>Country of Last Residence:</b>
Province of Birth:	<b>Date of First Entry Into Canada:</b>

### Citizenship & Immigration Canada Documentation

Country of Citizenship::	
<b>Status In Canada</b> Confirmation of Permanent Residence <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Study Permit <input type="checkbox"/> Visitor Record <input type="checkbox"/> Consideration of Eligibility (Convention Refugee) <input type="checkbox"/> Visa <input type="checkbox"/> Parent Work Permit <input type="checkbox"/>	Date became a Permanent Resident: _____ Date (back of card): _____ Expiry Date: _____ Expiry Date: _____ Date Stamped: _____ Visa Expiry Date: _____ Expiry Date: _____
<b>Other Documentation</b> Other(Please Specify) _____ <input type="checkbox"/>	Passport <input type="checkbox"/> Date Stamped: _____ Date Signed/Stamped: _____

### Language(s) Spoken

First Language:	Language(s) Spoken at Home:	Main Language Spoken at Home:
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### Aboriginal Ancestry

If the student is considered to be of Aboriginal ancestry and chooses to self-identify, please check all categories that apply:

<input type="checkbox"/> First Nation	<input type="checkbox"/> First Nation - Tuition	<input type="checkbox"/> Metis	<input type="checkbox"/> Inuit
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### Parent/Guardian Information

<b>Parent/Guardian #1 Name</b> - Last Name, First Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to Student:		Place of Employment	
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Home Phone Number:		Business Phone Number:	Ext:
Cell Phone Number:		E-mail Address:	
Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	Lives with Student: <input type="checkbox"/>	Special Custody: <input type="checkbox"/> <span style="background-color: yellow;">(Copy filed in OSR)</span>
Access to Records: <input type="checkbox"/>	Speaks School Language: <input type="checkbox"/>	Receives Mail: <input type="checkbox"/>	

#### Parent/Guardian #1 Address (if different from student)

Street #	Street Name	Apt.#	City/Town	Province ON	Postal Code
P.O. Box or RR#	Township	Home Phone # (     )		Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>

<b>Parent/Guardian #2 Name - Last Name, First Name - Last Name, First Name</b>						Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Relationship to Student:			Place of Employment					
Emergency Contact Priority:		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		School Closure Contact Priority:		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Home Phone Number:			Business Phone Number:			Ext:		
Cell Phone Number:			E-mail Address:					
Guardian: <input type="checkbox"/> (copy filed in OSR)		Custody: <input type="checkbox"/> (Copy filed in OSR)		Lives with Student: <input type="checkbox"/>		Special Custody: <input type="checkbox"/>		
Access to Records: <input type="checkbox"/>		Speaks School Language: <input type="checkbox"/>		Receives Mail: <input type="checkbox"/>				
<b>Parent/Guardian #2 Address (if different from student)</b>								
Street #	Street Name			Apt.#	City/Town		Province ON	Postal Code
P.O. Box or RR#	Township		Home Phone # (      )			Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>	
<b>Emergency Contact Information (other than Parents)</b>								
<b>Emergency Contact Name - Last Name, First Name</b>						Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Relationship to Student:			Place of Employment					
Emergency Contact Priority:		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		School Closure Contact Priority:		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Home Phone Number:			Business Phone Number:			Ext:		
Cell Phone Number:			E-mail Address:					
<b>Emergency Contact Name - Last Name, First Name</b>								
<b>Emergency Contact Name - Last Name, First Name</b>						Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Relationship to Student:			Place of Employment					
Emergency Contact Priority:		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		School Closure Contact Priority:		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Home Phone Number:			Business Phone Number:			Ext:		
Cell Phone Number:			E-mail Address:					
<b>Day Care (If applicable)</b>								
Daycare Name:		Phone#:		A.M. Only <input type="checkbox"/>	P.M. Only <input type="checkbox"/>	A.M. and P.M. <input type="checkbox"/>		



