



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

Secondary 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					
Student Email (optional):					
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
Medical Alert Information/Disability/Allergies:					
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
					ON
P.O. Box or RR#		Township	Home Phone # ()		Listed <input type="checkbox"/> Unlisted <input type="checkbox"/>
Tax Support		<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		
Language(s) Spoken					
First Language:		Language(s) Spoken at Home:		Main Language Spoken at Home:	
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

P.O. Box or RR#	Township	Home Phone # ()		Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>
Emergency Contact Information (other than Parents)					
Emergency Contact Name - 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:		
Emergency Contact Information (other than Parents)					
Emergency Contact Name - 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:		
Educational Background					
Has your child ever been expelled from another school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, was the student re-admitted?	
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this student currently under suspension from any school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Name of School:	
Address:					
Phone # ()			School Board:		
If No, Previous School Attended:					
Address:					
Phone # ()			School Board:		
Date Last Attended Previous School:			# of Years/Months in Secondary School:		
(Year)	(Month)	(Day)	# of Years/Months out of Secondary School:		
Grade:	Graduated		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Credits Earned to Date:
Language of Instruction:			Departure Date:		
First Entry into Secondary School: (YYYY/MM/DD) _____			Last Grade Attended: (YYYY/MM/DD) _____		

Home School (if attending on a transfer):		Transfer Reason:	
Special Program Request		Additional Requirements for Ontario Secondary School Diploma	
ESL/ELD Support	Yes <input type="checkbox"/>	Community Involvement Hours Accumulated to Date:	
Special Education Support	Yes <input type="checkbox"/>	Grade 10 Ontario Secondary School Literacy Test (OSSLT):	
Alternative Program	Yes <input type="checkbox"/>	Successfully Completed	Yes <input type="checkbox"/> No <input type="checkbox"/>
French Immersion Program	Yes <input type="checkbox"/>	Post Secondary Planned Destination	<input type="checkbox"/> Work <input type="checkbox"/> College
Student Identification Through IPRC	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> University	<input type="checkbox"/> Vocational Training
Student has an IEP (Independent Education Plan):	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Other
Proof of Residency	<input type="checkbox"/> Tax Bill <input type="checkbox"/> Proof of Purchase <input type="checkbox"/> Rental Agreement	<input type="checkbox"/> Lease <input type="checkbox"/> Land Deed <input type="checkbox"/> Letter of Residency <input type="checkbox"/> Other (Please Specify) _____	
School Records	<input type="checkbox"/> Transcript <input type="checkbox"/> OSSLT	<input type="checkbox"/> Most Recent Report Card <input type="checkbox"/> Community Involvement Hours Completed	
Notice to Parents			
<p>Personal information is collected at registration under the authority of the Education Act and will be used for planning and programming, home and school communications and to establish the Ontario Student Record. Direct any questions about this form to the school principal.</p> <p>For more information about the admissions policy go to www.yrdsb.edu.on.ca TTY [enter number here] for persons who are deaf or hard of hearing</p> <p>I hereby certify that the above information is accurate to the best of my knowledge.</p>			
Signature of Parent/Guardian Or of student who is aged 18 or if aged 16/17 and has been granted power to provide own consent)		Date	
Printed Name of Parent/Guardian:			
*** The Registration form is retained in the student's OSR by the registering school for 5 years (post-retirement).			
For Office Use Only			
ESL/ELD Code: _____	Level: _____	Counsellor Code: _____	Special Education: _____ Counsellor Code: _____ ISA Claim (Circle Level): 1 2 3 4
Documentation Verified By: _____		Date: _____	
Registration Entered By: _____		Date: _____	