



Office Use Only	
School:	
OEN#:	
Student #:	
Grade:	

### 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			
Street #	Street Name				Apt.#	City/Town	Province	Postal Code		
							<b>ON</b>			
P.O. Box or RR#		Township		Home Phone # (    )			Listed <input type="checkbox"/>	Unlisted <input type="checkbox"/>		
Country of Birth:				Country of Last Residence:						
Province of Birth:				Arrival Date:						
Country of Citizenship:				Expiry Date:						
Status In Canada:										
First Language:				Language(s) Spoken at Home:						
School Tax Support of Present Residence:					Public School <input type="checkbox"/>		Separate School <input type="checkbox"/>			

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
<input type="checkbox"/> First Nation - Off-Reserve			
<input type="checkbox"/> First Nation - Status			
<input type="checkbox"/> First Nation - Non Status			

**Medical Alert Information/Disability/Allergies:**

Student Identification Through IPRC:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Student has an IEP:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Parent/Guardian Information**

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:		
Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	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"/>		

Parent/Guardian Address (if different from student)

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

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:		

Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	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"/>	
Parent/Guardian 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>Emergency Contact Information (other than Parents)</b>			
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:	
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:	
<b>Educational Background</b>			
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, <b>Previous School Attended:</b>			
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"/>
Language of Instruction:		Credits Earned to Date:	
Departure Date:			
Last Grade Attended:		(YEAR)	(Month) (Day)
Home School (if attending on a transfer):		Transfer Reason:	
<b>Special Program Request</b>		<b>Additional Requirements for Ontario Secondary School Diploma</b>	
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
<input type="checkbox"/> Other		<input type="checkbox"/> University	<input type="checkbox"/> Vocational Training
		<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Other
<b>Notice to Parents</b>			
Information is collected pursuant to the Education Act. It will be used by Board employees for planning and programming, home and school communications, and to establish an Ontario Student Record. Limited information may be disclosed beyond the Board. For example: ♦ accident information to the Board's insurer; ♦ emergency phone networks; ♦ the release of names, ages, grades, with photographs, artwork, writing or other school work to the media for publicity; and/or ♦ 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. Questions about the information collected on this form should be directed to the principal of the school.			
I hereby certify that the above information is accurate to the best of my knowledge.			
Signature of Parent/Guardian (If student is under 18 years of age)		Date	
***The Registration form must be retained by the registering school for 5 years (post-retirement)			