

SCHOOL: _____

DATE OF REGISTRATION: _____

DATE OF ADMISSION: _____

<i>Shaded Areas for Office Use</i>		PLEASE PRINT CLEARLY		Student #	
Legal Last Name, First Name, Middle Name				Lived Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Preferred Last Name, First Name, Middle Name (same as above <input type="checkbox"/>)				Home Phone Number	Unlisted <input type="checkbox"/>
				Cell Phone Number	
Date of Birth		Proof of Age Document		Grade	
Year Month Day		Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/>			
		Other <input type="checkbox"/> <i>Specify Other</i>		Homeroom	
Proof of Legal Name Verified By <small>(e.g. secretary name)</small>			Email Address		OEN #
911 Address #	Apt/Unit	Street Name		City/Town	
				Postal Code	
Mailing Address (if different from above)				Previously Attended School in TLDSB? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				School Name	
Proof of Address				Non-TLDSB Previous School Name and Board Name	
<input type="checkbox"/> Current Agreement of Purchase and Sale					
<input type="checkbox"/> Current Utility Bill					
<input type="checkbox"/> Current Property Tax Bill				Address (include Province/Country & Phone Number of Previous School)	
<input type="checkbox"/> Current Home Phone/Cable/Internet bill					
<input type="checkbox"/> Other: Please specify				Language of Instruction	
(Driver's License is not acceptable for audit purposes)				Last Date of Attendance	
Board Residence Status		Pupil of the Board <input type="checkbox"/>		Other Pupil <input type="checkbox"/>	
		Native Education Authority <input type="checkbox"/>		Government of Canada <input type="checkbox"/>	
				Study Permit/Temporary Pupil <input type="checkbox"/>	
				E-Learning (from other board) <input type="checkbox"/>	
Citizenship					
Citizen of: Canada <input type="checkbox"/> Other <input type="checkbox"/> (list country) _____					
Student Visa <input type="checkbox"/> Parent Work/Visa <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/>					
City of Birth	Province of Birth	Country of Birth		Date of First Entry to Canada	Verified Canadian Stamped Date of Entry on Passport Yes <input type="checkbox"/>
First Language			Has your child previously been receiving English as a Second Language (ESL) instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Documentation Examined and Verified for Eligibility– Documents Should Not Be Copied					
Permanent Resident: Parent Guardian <input type="checkbox"/> Adult Student <input type="checkbox"/>			Permanent Resident Stage 1 Approval Letter <input type="checkbox"/>		
Date of Permanent Resident Status (DD-MM-YYYY) _____			Stage 1 Approval Letter Date: (DD-MM-YYYY) _____		
Perm Res. Equivalent Documentation form Immigration, Refugees And Citizenship Canada (IRRCC confirming approval in principle <input type="checkbox"/>					
Type of Document Reviewed			Date of Document: (DD-MM-YYYY)		
Confirmation of Refugee Status documentation from IRCC <input type="checkbox"/>			Other/Fee Paying Pupil <input type="checkbox"/>		
Consideration of Eligibility (Convention Refugee) <input type="checkbox"/>			Fees Paid by (Agency/Other): _____		
Date of Entry (stamped date on document) (DD-MM-YYYY) _____			Total Tuition Fee Paid \$ _____ Date _____		
Parent Study Permit <input type="checkbox"/> (file copy of Acceptance Letter in student OSR)			Student Study Permit <input type="checkbox"/>		
Dates Valid (DD-MM-YYYY) _____			Dates Valid (DD-MM-YYYY) _____		
Enrolled full time in Program Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/>					
Parent Work Permit <input type="checkbox"/>			Exchange Student <input type="checkbox"/> (Agency Name): _____		
Dates Valid (DD-MM-YYYY) _____			Dates from/to _____		
Documentation from IRCC confirming approval of Work Permit <input type="checkbox"/>			Country of Exchange _____		
			Reciprocal Student _____		
Other Circumstances: (Please Specify and Indicate Valid Dates) <small>(exp. Diplomat Status, Minister's Permit)</small>					

Special Education

Have you had assessments in: Vision Hearing Speech Psychological Services

Have you been formally identified by an Identification, Placement, and Review Committee?

Yes No

If so, what is the IPRC Identification? _____

Do you have an Individual Education Plan (IEP)? Yes No Subjects

Suspension/Expulsions

Are you currently suspended from any school in Ontario? Yes No

If Yes, provide name of the school and the School Board _____

Have you ever been expelled from any school in Ontario? Yes No

If Yes, provide name of the school, the School Board and a contact name

Voluntary and Confidential – First Nation, Métis, and Inuit Self-Identification

All parents/guardians of First Nation, Métis, and Inuit students, and students who are 18 years of age or older, have the right to voluntarily and confidentially self-identify their Aboriginal ancestry.

I consider myself to be of First Nation, Métis, and Inuit Ancestry (Supporting documentation is not required) Yes

The categories that apply to my child are checked below:

First Nation Métis Inuit

Trillium Lakelands District School Board is providing the opportunity for Voluntary Self-Identification of First Nation, Métis, and Inuit ancestry so that the best programs and supports can be put in place to help increase First Nation, Métis, and Inuit student success. Data from sources including EQAO scores will be used to monitor the success of students' program, and supports.

Emergency Contacts and Next of Kin

Emergency Contact 1

Relationship to Student

Last Name, First Name

Address, if different from student

Home Phone

Cell Phone

Email

Can Contact in an Emergency

Place of Employment

Business Phone

Can Contact at Work

Emergency Contact 2

Relationship to Student

Last Name, First Name

Address, if different from student

Home Phone

Cell Phone

Email

Can Contact in an Emergency

Place of Employment

Business Phone

Can Contact at Work

Next of Kin (if not listed above)

Relationship to Student

Last Name, First Name

Address, if different from student

Home Phone

Cell Phone

Email

Can Contact in an Emergency

Place of Employment

Business Phone

Can Contact at Work

Permissions/Consents

The permission/consent will apply for the duration of your attendance at this school.

Student's name _____ Your name _____

Please indicate below whether you consent/give your permission for your child in respect of each of the matters set out below:

I have read the Appropriate Use of Digital Technology, Content and Services Policy (available on the TLDSB website and at your school) and in regards to accessing the Internet and to use technology / technology services (whether owned or licenced to the TLDSB) while at school. I understand that my use of technology is subject to the requirements and terms of this Policy.

I give consent/permission
I do not give consent/permission

My photograph/name may be displayed in school buildings (other than the student's classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent/permission
I do not give consent/permission

My school work/name may be displayed in school buildings (other than the student's classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent/permission
I do not give consent/permission

Canada Anti-Spam Legislation Consent (CASL): I consent to receive commercial electronic messages about school pictures, field trips, yearbook sales, food programs, event tickets, or similar events or offers to sell goods and services.
(If others wish to consent, please fill out/sign the TLDSB School-to-Home Communication Consent Form For Parents and Guardians, available separately.)

I give consent/permission
I do not give consent/permission

Date: _____

Signature: _____

**NOTE: When spectators – including family or media – are invited to school events off school property, the event becomes a public event and anyone in attendance is permitted to take photographs without first obtaining parental consent. Please contact your school Principal or the TLDSB Communication Department if you need clarification.*

Privacy of Confidential Information

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the school principal.

Acknowledgement and Certification

- I certify the information included on this registration form is correct.
- I understand that it is my responsibility to advise the school immediately of any changes to the information provided on this form.
- I understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization if deemed necessary.
- I acknowledge that the school accepts no liability for thefts which may occur on the school premises.

Signature of Parent/Guardian

Print Name

Date of Signing

Administration has reviewed the form

Date: _____

Signature of School Administrator: _____