

SCHOOL: _____

DATE OF REGISTRATION: _____

DATE OF ADMISSION: _____

Shaded Areas for Office Use		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 Year Month Day		Proof of Age Document Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Other <input type="checkbox"/> <i>Specify Other</i>		Grade		
				Homeroom		
Proof of Legal Name Verified By (exp. secretary name)				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"/>			
Proof of Address <input type="checkbox"/> Current Agreement of Purchase and Sale <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Current Property Tax Bill <input type="checkbox"/> Current Home Phone/Cable/Internet bill <input type="checkbox"/> Other: Please specify			School Name			
			Non-TLDSB Previous School Name and Board Name			
			Address (include Province/Country & Phone Number of Previous School)			
			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"/>	Study Permit/Temporary Pupil <input type="checkbox"/>		
		Native Education Authority <input type="checkbox"/>	Government of Canada <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"/>			Date of Document: (DD-MM-YYYY)			
Type of Document Reviewed			Other/Fee Paying Pupil <input type="checkbox"/>			
Confirmation of Refugee Status documentation from IRCC <input type="checkbox"/>			Fees Paid by (Agency/Other): _____			
Consideration of Eligibility (Convention Refugee) <input type="checkbox"/>			Total Tuition Fee Paid \$ _____ Date _____			
Date of Entry (stamped date on document) (DD-MM-YYYY) _____						
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) (exp. Diplomat Status, Minister's Permit)						

Special Education

Has your child had assessments in Vision Hearing Speech Psychological Services
Has your child been formally identified by an Identification, Placement, and Review Committee? Yes No
If so, what is the IPRC Identification? _____
Does your child have an Individual Education Plan (IEP)? Yes No Subjects

Suspension/Expulsions

Is this student currently suspended from any school in Ontario? Yes No
If Yes, provide name of the school and the School Board _____
Has this student 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 or older, have the right to voluntarily and confidentially self-identify their Aboriginal ancestry.
I consider my child 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.

Parent / Guardian

Students Living with Guardians Custody Agreement Reviewed Yes No
If there is no Custody Agreement, then all of the following criteria must be met in order for the child to attend without the payment of a tuition fee:
Yes No The student is a Canadian citizen or a permanent resident of Canada;
Yes No The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school;
Yes No The guardian is assuming full responsibility for the care and well-being of the student and the student is residing with the guardian throughout the custody period;
Yes No A written agreement is in place between the parents of the student and the guardian that sets out all of the above, as well as the respective responsibilities of the parents and the guardian.

Custody Court Order Provided for filing in OSR No Court Order Special Arrangement Describe _____
Both Parents Shared
Mother Exclusive CAS
Father Exclusive Agency
Joint -Legal Other _____

Parent/Guardian 1 (primary contact) Relationship to Student _____
Last Name, First Name _____

Address, if different from student _____

Living with student Receive Correspondence Access Denied
Legal Guardian Legal Custody Migrant Worker

Home Phone _____ Cell Phone _____ Email _____

Can Contact in an Emergency Place of Employment _____ Business Phone _____
Can Contact at Work
Would like to Volunteer

Parent/Guardian 2 (secondary contact) Relationship to Student _____
Last Name, First Name _____

Address, if different from student _____

Living with student Receive Correspondence Access Denied
Legal Guardian Legal Custody Migrant Worker

Home Phone _____ Cell Phone _____ Email _____

Can Contact in an Emergency Place of Employment _____ Business Phone _____
Can Contact at Work
Would like to Volunteer

Emergency Contact 1 (other than parent/guardian listed above) Contact Number(s) _____
Last Name, First Name _____

Relationship to Student _____ Permission to Pick Up Student

Emergency Contact 2 (other than parent/guardian listed above) Contact Number(s) _____
Last Name, First Name _____

Relationship to Student _____ Permission to Pick Up Student

*additional emergency contacts can be provided to the school on a separate piece of paper if required.

Siblings			
Surname	First Name	School Attending (if different)	Grade
Medical			
Dr. Name	Phone Number	Health Card (Optional)	
Student wears a MedicAlert Bracelet/Necklace	Yes <input type="checkbox"/>	Registration #	
Immunization Record Received for Health Unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FOR OFFICE USE
*If you answer "Yes" to any of the medical conditions below, you will be asked to complete a Plan of Care.			
ASTHMA Does your child have Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Does your child require an inhaler for asthma response Yes <input type="checkbox"/> No <input type="checkbox"/> NOTES:			Asthma Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
ANAPHYLAXIS Does your child have Anaphylactic Reactions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to: _____ Does your child require epinephrine as part of an emergency response? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTES:			Anaphylaxis Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
EPILEPSY Does your child have Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTES:			Epilepsy Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
DIABETES Does your child have Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTES:			Diabetes Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER MEDICAL CONDITIONS Does your child have other serious or life-threatening medical conditions, serious allergies or health needs that may require intervention or emergency response at school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please briefly describe:			Medical Management and Response Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDICATION Does your child require any type of medication administered or stored during the school day? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTES: If you answered yes to the medication question above: <ul style="list-style-type: none"> If the medication is related to one of the medical needs listed, instructions, administration and storage of the medication will be outlined as part of the student Plan of Care. If the medication is required for a reason that does not require a Plan of Care to be created, parents/guardians are required to complete an Authorization for Administration and Storage of Medication Form. 			Authorization for Storage and Administration of Prescribed Medication Form on File <small>(only necessary if Medication not associated with Plan of Care)</small> Yes <input type="checkbox"/> No <input type="checkbox"/> Medication Received and Added to Medication Inventory Log Yes <input type="checkbox"/> No <input type="checkbox"/> Student Log of Administered Medication Form Prepared Yes <input type="checkbox"/> No <input type="checkbox"/>
Secondary Students Only			
OST or Credit Counselling Summary Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
OSSLT Successfully Completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Documentation of Completed Community Service Hours Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hours _____
Please obtain proof.			

Permissions/Consents

The permission/consent will apply for the duration of your child's 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 child's school) and I give permission for my child to access the Internet and to use technology / technology services (whether owned or licenced to the TLDSB) while at school. I understand that my child's use of technology is subject to the requirements and terms of this Policy.

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

My child's 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 child's 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

I give permission for my name and phone number to be shared with the School Council.

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

I give permission for my child to be included in neighbourhood walking excursions under a staff member's supervision.

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 of Parent: _____

**NOTE: When spectators – including parents 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/we understand that it is our responsibility to advise the school immediately of any changes to the information provided on this form.
- I/we 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/we acknowledge that the school accepts no liability for thefts which may occur on the school premises.

PLEASE NOTE: If your child is 16 or 17 years of age at the time of this collection, you must have the necessary consent of the child to permit the collection under the Municipal Freedom of Information and Protection of Privacy Act.

Signature of Parent/Guardian _____ Print Name _____ Date of Signing _____

Administration has reviewed the form

Date: _____ Signature of School Administrator: _____