

STUDENT REGISTRATION FORM

(PLEASE PRINT)

STUDENT INFORMATION				
Legal Surname:	Preferred Surname:			
Legal Middle Name:	Preferred First Name:			
Legal First Name:	Date of Birth (yyyy/mm/dd):			
Gender (select one): Female □ Male □ Not Disclosed	osed Self Identified Please specify:			
Note: Legal Name as shown on legal document (i.e. birth certificate, pa	issport, change of name order, etc.) and will appear on al	l school Official Records		
STUDENT ADDRESS INFORMATION				
Home Address:				
Number Street	Apt/Ur	nit/Suite Number		
City/Town	Province Postal	Code		
Home Phone Number:	Listed: Yes 🗆 No 🗆			
STUDENT LANGUAGE, CITIZENSHIP AND	IMMIGRATION INFORMATION			
Country of Citizenship:	Province of Birth:			
Languages Spoken (indicate all languages including English)	(If born	n in Canada)		
1)	First Language □ Spoken at H	ome 🏻		
2)				
Fill in the section below <u>ONLY</u> if country of birth is some	thing other than Canada			
Birth Country:	Country of Last Residence:			
Status is Canada:				
MEDICAL INFORMATION				
	(Version No.) (optional but recommended)			
Health Card No				
Health Card No.		Life Threatening		
Health Card No	e school should be aware, please describe the	Life Threatening Yes No Yes No Yes No No		
Health Card No	e school should be aware, please describe the	Yes \(\Bar{\cup} \) No \(\Bar{\cup} \)		
Health Card No	e school should be aware, please describe the	Yes No Yes No No		

Number

Street

EDUCATIONAL BACKGROUND				
Name of Previous School:				
Previous School Address:			Phone:	
City/Town		Province		
Previous School Board:		=		
Last Date of Attendance:		_ Reason for T	ransfer:	
Has the student ever been registered at a school v	within the 1	Toronto Distric	t School Board?	Yes □ No □
If Yes, provide the name of the school:				
Has the student previously received Special Educat Type of program (if known):	ion Suppor	t? Yes 🗆] No 🗆	
is the student currently under suspension from an	y school or	board?	- WANAL STATE OF THE STATE OF T	Yes □ No □
Is the student currently under expulsion from any				Yes □ No □
CONTACT 1 Surname:	First	Name:		Male 🗆 Female 🛭
			riority: 1234 Schoo	Closure priority: 1 2 3 4
Surname:	÷	Emergency pi	riority: 1 2 3 4 Schoo circle your choice: 1=high prior	Closure priority: 1 2 3 4
Surname:		Emergency p	riority: 1234 Schoo circle your choice: 1=high prior licable boxes	I Closure priority: 1 2 3 4 rity, 4=low priority
Surname:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Emergency process Check all app Has Access	riority: 1234 Schoo circle your choice: 1=high prior licable boxes Legal Guardian	I Closure priority: 1 2 3 4 rity, 4=low priority
Surname: Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number:		Check all app Has Access to Student	riority: 1234 Schoo circle your choice: 1=high prior licable boxes Legal Guardian Has Custody	Receives Mail Has Access to Records
Surname:		Emergency process Check all app Has Access	riority: 1234 Schoo circle your choice: 1=high prior licable boxes Legal Guardian	I Closure priority: 1 2 3 4 rity, 4=low priority
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Surname: Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address*: CASL		Check all app Has Access to Student	riority: 1234 Schoo circle your choice: 1=high prior licable boxes Legal Guardian Has Custody	Receives Mail Has Access to Records
Surname: Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address*: CASL Home Mailing Address (complete if different than student's) Number Street CONTACT 2		Check all app Has Access to Student	riority: 1234 Schoo circle your choice: 1=high prior licable boxes Legal Guardian ☐ Has Custody ☐ Lives with student ☐	Receives Mail Has Access to Records Speaks English
Surname: Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address : CASL Home Mailing Address (complete if different than student's)	City/Town	Emergency process to Student Yes No	riority: 1234 Schoo circle your choice: 1=high prioriticable boxes Legal Guardian Has Custody Lives with student Province	Receives Mail Has Access to Records Speaks English
Surname: Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address*: CASL Home Mailing Address (complete if different than student's) Number Street CONTACT 2	City/Town	Emergency process to Student Yes No No	riority: 1234 Schoo circle your choice: 1=high prior licable boxes Legal Guardian Has Custody Lives with student Province	Receives Mail Has Access to Records Speaks English Postal Code Male Female [I Closure priority: 1 2 3 4
Surname: Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address*: CASL Home Mailing Address (complete if different than student's) Number Street CONTACT 2 Surname: Relationship to student:	City/Town	Emergency process to Student Yes No No	riority: 1234 Schoo circle your choice: 1=high prior licable boxes Legal Guardian Has Custody Lives with student Province Province	Receives Mail Has Access to Records Speaks English Postal Code Male Female [I Closure priority: 1 2 3 4
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Surname: Relationship to student: Home Phone Number: Business Phone Number: Cell Phone Number: Email Address*: CASL Home Mailing Address (complete if different than student's) Number Street CONTACT 2 Surname: Relationship to student: Home Phone Number:	City/Town First	Emergency process to Student Yes No No Name: Emergency process to Student Name: Check all app	riority: 1 2 3 4 Schoo circle your choice: 1=high prioriticable boxes Legal Guardian Has Custody Lives with student Province Province riority: 1 2 3 4 Schoo circle your choice: 1=high prioriticable boxes	Receives Mail Has Access to Records Speaks English Postal Code Male Female [I Closure priority: 1 2 3 4

City/Town

Province

.Postal Code

EMERGENCY CONTACT INFORMATION (If parent/guardian cannot be reached)

CONTACT 1		
Surname:	First Name:	Male □ Female □
Relationship to student:		re priority: 1234
Home Phone Number:		profity
CONTACT 2		
Surname:	First Name:	Male 🗆 Female 🗆
Relationship to student:	Emergency priority: 1 2 3 4 School Closur	re priority: 1234
Home Phone Number:Business Phone Number:		priority
INDIGENOUS STUDENT SELF-IDENTIFIC	CATION	
All parents/guardians of Indigenous students, and students widentify. Please check the most appropriate single box to ind		voluntarily self-
First Nation Ancestry (Status or non-Status) ☐ Métis Ancestry ☐ Inuit Ancestry ☐	Indigenous person outside of Can Other \square	ada 🗆
ADDITIONAL STUDENT INFORMATION (if required for school)	
All information provided above is correct and true. All a documentation.	admissions are conditional pending receipt of requ	uired
-	· · · · · · · · · · · · · · · · · · ·	
Signature of Parent/Legal Guardian	yyyy/mm/dd	
Personal information on this form is collected under the authority of <i>Protection of Privacy Act</i> , R.S.O., 1990, c.M.56, and will be used by Scregistration purposes. The Ontario Health Card number will be share will be stored on the Office Index Card. This information is updated a Office, Toronto District School Board, 1 Civic Center Court, 4 th floor, E	chool Administration in the creation of the Emergency Calling North design the Calling North Administration of the Indicate public health authorities. All personal information annually. Questions or concerns about this collection should be	Network and for school collected on this form
*Email address will be used to provide information such as student p Trustees that relate to the education of students or operation of sche **Email address will also be used to provide information of a comme CASL prohibits the sending of any type of electronic message that is of Toronto District School Board requires your consent to send you ema programs, field trips, the sale of yearbooks, purchasing of student ph and offers.	ools. ercial nature. Canada's new Anti-Spam Legislation (CASL) took commercial in nature unless the recipient has provided consen ails which contain advertising or promotions regarding school f	effect on July 1, 2014. t first. As a result, undraisers, lunch