

Elementary Student Registration Form

This Section for Office Use Only

Information on this form will be used for home/school communications, planning and programming such as transportation, and to establish the Ontario Student Record. 1) Save this Form to your computer Desktop 2) Open using Adobe Acrobat Reader DC > File > Save (when Done)

Student Information

Legal Name - Family Name, First Name and Middle Name			
Preferred Name - Last Name, First Name			
Date of Birth: (yyyy/mm/dd)		Siblings at This School: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade	Name: _____	
#/Street		Unit #	City/Town
P.O. Box or RR#	Township	Postal Code	Home Phone # Unlisted <input type="checkbox"/>
Medical Alert Information/ Disability/Allergies:			carries epi-pen <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth:		Country of Last Residence:	
Province of Birth:		Arrival Date:	
Country of Citizenship:		Status In Canada:	
First Language:		Language(s) Spoken at Home:	
Main Language Spoken at Home:		Does child attend Daycare Program : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A.M./ <input type="checkbox"/> P.M. Name of Daycare: _____	
If the student is considered to be of Indigenous ancestry, please check all categories that apply: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			

Parent/Legal Guardian Information

Custody Information****: Both Parents Mother Only Father Only Shared Joint Guardian C.A.S.
 Living With: Both Parents Mother Only Father Only Guardian Other C.A.S.
 Note: ****Written Custody Agreement or Court Order should be retained in the students' OSR.

Parent/Guardian Information #1

Name - Last Name, First Name:			
Relationship to Student:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salutation:
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"/>	
Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	Lives with Student: <input type="checkbox"/>	
Access to Records: <input type="checkbox"/>	Speaks School Language: <input type="checkbox"/>	Receives Mail: <input type="checkbox"/>	
Home Phone #	Business Phone #	ext.	
Cell Phone #	Email address		
Address (if different from student) #/Street:			
City/Town	Unit #	P.O. Box/RR#:	Township: Postal Code:

Parent/Guardian Information #2

Name - Last Name, First Name:			
Relationship to Student:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salutation:
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"/>	
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"/>	
Home Phone #	Business Phone #	ext.	
Cell Phone #	Email address		
Address (if different from student) #/Street:			
City/Town	Unit #	P.O. Box or RR#	Township: Postal Code

Emergency Contact Information (other than Parent)

Name - Last Name, First Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Student:	Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Home Phone #	School Closure Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Business Phone #	Cell Phone #	E-Mail Address:

Educational Background

Previous School Attended:			
Address #/Street:			
City:	Province/State:	Country:	Postal Code:
Previous Board Attended:			
Departure Date:		Last Grade Attended:	
Home School (if attending on a transfer):			
Transfer Reason:		First Entry into Elementary School (yyyy/mm/dd)	
Has your child previously received ESL Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been SEA claim for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Has your child previously received Special Education Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Student Identification Through IPRC <input type="checkbox"/> Yes <input type="checkbox"/> No		Student has an IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever been expelled from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, was the student re-admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this student currently under suspension from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of School:	

Canada's Anti-Spam Legislation (CASL) Important Information to Parents/Guardians

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, lunch programs, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets and athletic events where a financial transaction is required.

Do you consent to receive electronic messages of this nature? Yes No

Note: You will continue to receive emails on all other school matters.

Notice to Parents/Guardians

Personal information is collected at registration pursuant to the *Education Act and the Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this personal information should be directed to the Privacy Office, York Region District School Board, 60 Wellington Street West, Box 40, Aurora, Ontario L4G 3H2 or (905) 727-3141, Extension 2015.

I hereby certify that the above information contained on this form is accurate

Signed (Parent/Guardian)

Click "Sign" in the toolbar at the top of the page. Then draw, type, or choose an image for your signature. Then click "Apply" to place your signature on the form.

(Print Parent/Guardian Name)

Date
yyyy/mm/dd

Note: The 'Required Documentation' form MUST be signed and attached to this Registration Form then filed in the OSR and remains until 5 years post retirement for Ministry audit purposes. If student leaves YRDSB, it is removed before the OSR is sent. ONLY the proof of birth document is to be copied and retained until the OEN verification takes place, after which it must be DESTROYED. NO OTHER identity documents are to be copied and filed.

Office Use Only		
Elementary and Secondary Registration - Required Documentation		
Program:	Admit Date:	Admit Code:
Bussing Required: <input type="checkbox"/> Y <input type="checkbox"/> N		
OSR Status:	Requested Date:	Received Date:
OEN Status:	Requested Date:	Received Date:
Note: Birth Verification Documents can be copied for future OEN verification. Once that occurs the record MUST be destroyed.		
Check appropriate boxes below then verify accuracy by completing the Sign Off section on Page 4.		
School Records		
<input type="checkbox"/> Transcript	<input type="checkbox"/> Most Recent Report Card	<input type="checkbox"/> OSSLT <input type="checkbox"/> Community Involvement Hours Completed _____
Birth Verification		
<input type="checkbox"/> Birth Certificate/Statement of Live Birth/Birth Registration	<input type="checkbox"/> Passport/Study Permit/Visitor Record	
<input type="checkbox"/> Refugee Claimant Form (IMM 1442)	<input type="checkbox"/> Citizenship Card/Certificate of Canadian Citizenship	
<input type="checkbox"/> Permanent Resident Card (PRC) (Maple Leaf Card)	<input type="checkbox"/> Record of Landing (IMM 1000)	
<input type="checkbox"/> Confirmation of Permanent Residence (IMM 5292)	<input type="checkbox"/> Certificate of Indian Status	
<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Notice of Decision	
<input type="checkbox"/> Legal Change of Name	<input type="checkbox"/> Immigration Papers, Specify: _____	
Proof of Residency		
<input type="checkbox"/> Property Tax Bill/MPAC Tax Roll # _____	<input type="checkbox"/> Rental/Lease Agreement	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Agreement of Purchase and Sale	<input type="checkbox"/> Other:* _____	
*Documents NOT Acceptable - Bank/Credit Card Statement, Cell Phone Bill, Driver's License		
Citizenship and Immigrations Papers		
Permanent Resident (check one)		
<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Student (if an adult)	Date became a permanent resident: _____ (yyyy\mm\dd)	
<input type="checkbox"/> Stage One Approval Letter	Stage 1 Approval Letter Date: _____ (yyyy\mm\dd)	
<input type="checkbox"/> Equivalent Documentation from Immigration, Refugees, and Citizenship Canada (IRCC) confirming approval in principle (specify below type of document with date)		
Type of Document Reviewed: _____ Date: _____ (yyyy\mm\dd)		
Refugee Status		
<input type="checkbox"/> Documentation from IRCC confirming Refugee Status	Date of Entry (stamped date on document): _____ (yyyy\mm\dd)	
<input type="checkbox"/> Consideration of Eligibility (Convention Refugee)	Date of Entry (stamped date on document): _____ (yyyy\mm\dd)	
Parent's Study Permit		
<input type="checkbox"/> Parent's Acceptance Letter confirming the parent will be a full-time student at a qualified university, college, or institution in Ontario (retain copy in child's OSR)		
<input type="checkbox"/> Parent Study Permit		
Parent's Study Permit valid from: _____ to _____ (yyyy\mm\dd) (yyyy\mm\dd)		
Verify below that the parent is a full-time student enrolled in a program that leads to graduation with a postsecondary certificate, diploma or degree (check one): <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree		

Parent's Work Permit

Documentation from IRCC confirming approval of Work Permit (i.e. actual work permit to be issued at a later date)

Parent Work Permit

Work Permit valid from: _____ to _____
(yyyy\mm\dd) (yyyy\mm\dd)

Student's Study Permit *:**

Student Study Permit (Parent's work permit to be issued at a later date)

Study Permit valid from: _____ to _____
(yyyy\mm\dd) (yyyy\mm\dd)

Note: ***This student study permit is given to a child accompanying their parent on a work permit to Ontario.

Other:

Minister's Permit to Come into/Remain in Canada

Student Study Permit/ Visitor Record (fee paying) Expiry Date _____
(yyyy\mm\dd)

Confirmation of Documentation and Student Eligibility for ESL/PANA Funding

Country of Birth: _____ Citizen of: _____

Original Date of First Entry into Canada: _____
(yyyy\mm\dd)

Verified Canadian Stamped date of Entry on passport

Confirmation of Permanent Residence Form 5292
(Box 36 - Original Date of Entry and Box 45 - Date became a Permanent Resident)

Permanent Resident Card (original date of entry)

Consideration of Eligibility - Convention Refugees - Date stamped

Special Custody or Guardianship

Yes Copy of Family Court Order filed in OSR

Tax Support

Public Separate Direction of School Support Form completed and filed in OSR. (only required for new students) Permission to Attend Form

ESL/ELD and Special Education

ESL/ELD Status: _____ Special Education: _____ Alternative Program Yes
Level: _____ Student has IEP: Yes French Immersion: Yes

Sign Off - This form is to be completed and attached to the Registration Form.

Documentation Verified by: _____ Date: _____
Registration Entered By: _____ Date: _____

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