



School Year: _____ Grade: _____

Bus Route #: a.m. _____ p.m. _____

ELEMENTARY STUDENT REGISTRATION

OFFICE

USE ONLY:

School	Registration Date	First Day of Attendance	OEN#
Proof of Birth	Date OSR Requested	Date OSR Received	Date MW complete
Custody <input type="checkbox"/>	Health Alert <input type="checkbox"/>	Special Education Program <input type="checkbox"/>	French Immersion Program <input type="checkbox"/>

Information Collection Authorization: This information is collected pursuant to the Board’s education responsibilities as set out in the Education Act and its regulations. The information is collected for education purposes and is within the guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually. Any questions with respect to this information should be directed to the Principal of the School to which you are applying/registered. Users: Principals, Teachers, Support staff and Supervisory Officers.

STUDENT INFORMATION

Legal Surname _____ Given Name _____ Middle Name(s) _____

Usual Surname _____ Usual First Name _____ Date of Birth (MM/DD/YYYY) _____ Gender _____ Grade _____

Previous School _____ Address of Previous School (if known) _____ Phone # (if known) _____

Is this student currently under suspension and/or expulsion from another school? Yes No

Siblings:

(Attending this school) Name _____ Grade _____ Name _____ Grade _____
 Name _____ Grade _____ Name _____ Grade _____

Sibling Preschoolers:

(Not attending school) Name _____ Date of Birth (MM/DD/YYYY) _____
 Name _____ Date of Birth (MM/DD/YYYY) _____

Has your child received support/special education services? Yes No

Identified as Special Education Exceptional Pupil under the category _____

FAMILY & CUSTODY INFORMATION

Choose one of the following clauses that pertain to your custody status and circle the appropriate corresponding letter A–G. Please note: It is not mandatory to provide a copy of your legal custody order/separation agreement/divorce documentation. However, legally both parents have a right to access and to information concerning their son/daughter unless there is a legal document on file indicating otherwise.

Legal documents provided

A. Registering Parents Reside Together: We are the birth or adoptive mother/father of the child and the child resides with us. N/A

B. Registering Parent Does Not Reside with Other parent and child lives with Registering Parent on the Consent of the Other Parent: I am the birth or adoptive mother/father of the child and the child resides with me with the express or implied consent of the child’s birth or adoptive mother/father. N/A

C. Registering Parent Has Custody Pursuant to a Separation Agreement: I am the birth or adoptive mother/father of the child and I have custody of the child pursuant to a separation agreement. Yes No

FAMILY & CUSTODY INFORMATION (continued)

Legal documents provided

D. Registering Parent Has Custody Pursuant to a Court Order: I am the birth or adoptive mother/father of the child and I have custody of the child pursuant to a Court Order.

Yes No

E. Registering Person is not the Parent and Has Custody Pursuant to Court Order: I am not the birth or adoptive mother/father of the child and have legal custody of the child pursuant to a Court Order.

Yes No

F. Registering Person is a Relative/Friend/Agent with whom the child resides: I am a relative/friend/agent of the custodial parent and I have provided a signed, witnessed and dated consent from the custodial parent indicating their custodial status of the child and that I have the authority to register the child.

Yes No

G. Children's Aid Society - Group Home Name (if applicable): _____
I am the foster mother/foster father of the child.

Yes No

Lives with: Both parents Mother Father Mother/Stepfather Stepmother/Father Other (specify) _____

ADDRESS INFORMATION

Home Address: _____
 House/911# Apt. # Street Name City/Town Postal Code
 Lot Concession Township Phone #

Mailing Address: (if different from above)

RR# Box House # Street Name City/Town Postal Code

 Father/Guardian - Surname Given Name Address (if different from student) Phone

 Work Phone # & Ext. Cell Phone # Email Address

Do you wish to receive school and/or Board information through email, **if available**? Yes No

 Mother/Guardian - Surname Given Name Address (if different from student) Phone

 Work Phone # & Ext. Cell Phone # Email Address

Do you wish to receive school and/or Board information through email, **if available**? Yes No

 Guardian - Surname Given Name Address (if different from student) Phone

 Work Phone # & Ext. Cell Phone # Email Address

Do you wish to receive school and/or Board information through email, **if available**? Yes No

RELIGION INFORMATION

Is Child Roman Catholic? Yes No Is Mother Roman Catholic? Yes No Is Father Roman Catholic? Yes No

Has your child received the following sacraments in the Roman Catholic Church?

Baptism Yes No If YES, copy of Baptismal Certificate must be placed in student's OSR

First Eucharist Yes No First Reconciliation Yes No Confirmation Yes No

Current Parish: _____ City: _____

EMERGENCY & MEDICAL INFORMATION

Emergency Response Plan: If your child has any medically diagnosed and potentially life threatening circumstances such as seizures, diabetes, asthma and anaphylactic reactions, please notify the principal immediately. An individualized "Emergency Response Procedure for Medical Conditions" plan will be developed in consultation with the Principal, Parent(s)/Guardian(s) and Physician(s) to address your child's individual needs.

Contact in case of emergency: Please list in order of priority who to call if Parent/Guardian cannot be reached.

Name	Relationship	Phone #	Cell Phone #
Name	Relationship	Phone #	Cell Phone #
Babysitter/Caregiver	Address	Postal Code	Phone #
Doctor's Name	Doctor's Phone #	Dentist Name	Dentist Phone#

HEALTH ALERT

Allergies: Yes No If Yes, give details _____

Medication: (are routine medications needed?) Yes No If Yes, give details _____

**If administered at school, please complete the "Authorization for Administration of Medication" form.*

Health Problems: Are there problems or restrictions which may affect work or play at school? Yes No

If Yes, give details _____

LUNCH TIME ARRANGEMENTS

- I am home to receive my child(ren) each day for lunch. My child has permission to walk from and to school during the lunch period.
 My child will stay at school during the lunch period.

MEDICAL EMERGENCY

In the case of a medical emergency, when parent(s)/guardian(s) or designates cannot be contacted, student will be taken to hospital.

Other Instructions: _____

STUDENT RESIDENCY INFORMATION

1. Have you lived in Canada for the past 4 years? Yes No If NO, year entered Canada: _____
Country of Birth: _____ 1st Language spoken, if not English: _____
2. Are you a Canadian Citizen? Yes R No If YES, copy of Proof of Birth MUST be placed in student's OSR
3. Are you a Landed Immigrant? Yes R No If YES, copy of Record of Landing MUST be placed in student's OSR
4. Are you a Refugee Claimant? Yes R No If YES, copy of Refugee Claimant Application MUST be placed in student's OSR
5. Are you a Fee Paying Visa student with a Student Authorization (VISA) from Immigration Canada?
Yes NR No If YES, copy of Student authorization (VISA) MUST be placed in student's OSR
6. Are you a Status Native? Yes No If YES, name of First Nations Band: _____
7. Do you reside on Crown Land? Yes No If YES, name of Crown Land: _____

OFFICE USE ONLY: If applicant has answered NO to questions 2, 3 4 and 5 inclusive, school must contact Planning Services.

If applicant has answered YES to question 6 and YES to question 7, student is non-resident.

If applicant has answered NO to question 6 and YES to question 7, the student is a resident and fees must be paid by parent/guardian prior to entry. Contact Financial Services for information

R = Resident NR = Non-Resident

TRANSPORTATION INFORMATION

Mode of Transportation: Walk Bus Other _____

INFORMATION RELEASE

1. The Peterborough, Victoria, Northumberland, Clarington Catholic District School Board (PVNCCDSB) will share and update the necessary student information with Regional Health Departments. This information will include your child's birth date, address, home phone number and work number of the parents for the purpose of "establishing and maintaining a school health record as per the Health Protection and Promotion Act and Immunization of School Pupils Act." Yes No
2. The PVNCCDSB takes pride in publishing events happening in the schools. Board newspapers, school newsletters, media and other publications often contain student names, photographs or other personal information. I authorize the PVNCCDSB to use the name, grade, photograph, artwork, articles and school projects of my child/children, in school newsletters, Board publications, media and other displays. Yes No
3. I authorize the PVNCCDSB to allow the news media to interview and publish photographs or audio/visual productions of my son/daughter. Yes No
4. I give permission for my name and phone number to be shared with a phone committee or Catholic School Council to facilitate early school dismissal, student excursions and other school related activities. Yes No
5. Teachers may wish to take a class on walking excursions in the vicinity of the school. Walking excursions are carefully planned and supervised. The length of the excursion and amount of supervision required is determined by the grade level of students. I give permission for my child to take part in such walking excursions. Yes No
6. I give permission for my name and phone number to be shared with the Parish Priest to facilitate in the Catholic Education of my child. Yes No

CLARINGTON SCHOOLS ONLY:

In the event of a serious accident at the Darlington or Pickering Nuclear Generating Station, the PVNCCDSB will be given Provincial authorization to administer Potassium Iodide (KI) pills to students. The use of KI pill is voluntary and therefore parent consent must be given.

I grant permission for my son/daughter to be administered a potassium iodide (KI) pill. Yes No

Is this student allergic to Iodine? Yes No

PARENT/GUARDIAN COMMENTS

I hereby certify that the above information is accurate to the best of my knowledge.

Date

SIGNATURE (Parent or Guardian)

Please advise the school immediately of any changes in the information contained on this form.

OFFICE USE ONLY: Tax Forms sent to Board Assessment Department

Catholic District School Board Lease Assessment form Yes No

Application for Direction of School Support form Yes No