

# Student Registration and Information Form – Elementary School

*The Mission of the Dufferin-Peel Catholic District School Board, in partnership with the family and church, is to provide, in a responsible manner, a Catholic education which develops spiritual, intellectual, aesthetic, emotional, social, and physical capabilities of each individual to live fully today and to meet the challenges of the future, thus enriching the community.*

## STUDENT PERSONAL INFORMATION PART 1

OEN #: \_\_\_\_\_

**Legal Names:** (Students are registered by their legal name which will be used on legal documents. The student's preferred name will be used at school)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Preferred Names:** ☐ Same as Legal Names, or

First Name: \_\_\_\_\_

Gender: ☐ Female ☐ Male Birthdate: YYYY  
YEAR MONTH DAY

Current school attended: \_\_\_\_\_

First day of entry to any school in Ontario: YYYY  
YEAR MONTH DAY

Current School Board: \_\_\_\_\_

If the student is entering from outside of Ontario, please indicate name of \_\_\_\_\_  
TERRITORY / PROVINCE / COUNTRY

Does this student have sibling(s) in DPCDSB? ☐ Yes ☐ No **If yes:** ☐ Elementary ☐ Secondary

If yes, provide full name(s): \_\_\_\_\_

Does this student have sibling(s) in another school board? ☐ Yes ☐ No

If yes, state name of school board: \_\_\_\_\_

This student is the: only ☐ eldest ☐ youngest ☐ in their family, at this school.

Is this student Roman Catholic, or, in an Eastern Church in full communion with the Holy See of Rome? ☐ Yes ☐ No

**Note:** Students/Parents/Guardians registering at St. Sofia School must be baptized in the Byzantine Rite of the Roman Catholic Church

**If yes,** provide original Roman Catholic Baptismal Certificate **If no,** receive Sacramental Preparation letter from school

**If yes:** Date of Baptism YYYY  
YEAR MONTH DAY Church and City: \_\_\_\_\_

**If no,** specify which is Catholic\*: ☐ Mother ☐ Father ☐ Legal Guardian

**Note:** An original Roman Catholic Baptismal Certificate of one of the parents/guardians must be provided at the time of registration of the student.

## MEDICAL CONDITION(S)/ALERT

### LIFE THREATENING MEDICAL CONDITIONS (prevalent)

Does the student have a "Life Threatening" medical condition (anaphylaxis, asthma, diabetes, epilepsy)? ☐ Yes ☐ No

Please provide details: \_\_\_\_\_

Does the student require an EPIPEN?: ☐ Yes ☐ No

Does the student require Insulin, Glucagon, other? Please specify: \_\_\_\_\_

### NON-LIFE THREATENING MEDICAL CONDITIONS

Are there any non-life threatening medical conditions the school should be aware of? ☐ Yes ☐ No

Please provide details: \_\_\_\_\_

For school use - Information received

Student Medical Health Form

Immunization Record

## STUDENT PERSONAL INFORMATION PART 2

Student's Country of Birth: \_\_\_\_\_ If Canada, Province of Birth: \_\_\_\_\_

Arrival Date (into Canada): YYYY                       
YEAR MONTH DAY

Expiry Date (if applicable): YYYY                       
YEAR MONTH DAY

**If arrived within the past five years, complete the Confirmation of Pupil Eligibility form - GF008.1.**

Status in Canada: (check one)

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Refugee
<input type="checkbox"/> Exchange student	<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Parent on Work Permit
<input type="checkbox"/> International Student	<input type="checkbox"/> Parent on Study Permit	<input type="checkbox"/> Student on Study Permit

Country of Last Residence: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**Please provide the school with a copy of the student's most recent Report Card.**

**INDIGENOUS STUDENT (Voluntary Self-Identification):** For the purposes of supporting First Nation, Métis and Inuit student achievement objectives of Dufferin-Peel Catholic District School Board and the Ministry of Education, as well as reporting student achievement to the Ministry of Education and the Education Quality and Accountability Office;

**I/we choose to voluntarily self-identify my/this child's ancestry as:** ☐ First Nation ☐ Inuit ☐ Métis

## ADDITIONAL INFORMATION

Language(s) spoken by student:

_____	<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home	Remark: _____
_____	<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home	Remark: _____
_____	<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home	Remark: _____

## STUDENT ADDRESS

NUMBER	STREET	UNIT TYPE (e.g. Apt.)	UNIT #
_____			
CITY	POSTAL CODE	PHONE #	
_____			

Mailing Address (if different from above): \_\_\_\_\_

Proof of Residence Sources: \_\_\_\_\_  
(e.g., property tax bill, current utility bill, e-bill, real estate document or Government of Canada issued forms)

Please indicate if this student:

lives in a group home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
has recently enrolled in a CCTC program (Care, Treatment, Custody, Corrections)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PARENT/GUARDIAN CONTACT INFORMATION

### Custody Information

Who has legal custody? ☐ Both parents ☐ Father only ☐ Mother only ☐ Other

Are there any special arrangements pertaining to access/visitation? ☐ No ☐ Yes – Documentation provided

If yes, then the most recent original Court Order to support custody must be provided (a verified copy to be stored in the OSR)

### PARENT/GUARDIAN 1

Separate School Supporter: ☐ Yes ☐ No Speaks English ☐

Emergency Priority (Select one): ☐ 1 ☐ 2 ☐ 3 ☐ 4

TITLE	FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
Address: <input type="checkbox"/> Same as student or _____			
Home Phone: <input type="checkbox"/> Same as student or _____		Business Phone: _____	Ext: _____
Cell Phone: _____		Email: _____	

For more information, please refer to Canada's Anti-Spam Law (CASL Consent Below)

### PARENT/GUARDIAN 2

Separate School Supporter: ☐ Yes ☐ No Speaks English ☐

Emergency Priority (Select one): ☐ 1 ☐ 2 ☐ 3 ☐ 4

TITLE	FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
Address: <input type="checkbox"/> Same as student or _____			
Home Phone: <input type="checkbox"/> Same as student or _____		Business Phone: _____	Ext: _____
Cell Phone: _____		Email: _____	

For more information, please refer to Canada's Anti-Spam Law (CASL Consent Below)

### CAREGIVER CONTACT (Complete this section if child care is provided at a different address from the student's)

Emergency Priority (Select one): ☐ 1 ☐ 2 ☐ 3 ☐ 4

NAME OF CAREGIVER	OR	TITLE	FIRST NAME	LAST NAME
Relationship to Student _____				
Address: _____				
Phone: _____		Alternate Phone: _____	Cell Phone: _____	

### EMERGENCY CONTACT: Other than the the two Parent/Guardian contacts above.

Emergency Priority (Select one): ☐ 1 ☐ 2 ☐ 3 ☐ 4 Speaks English ☐ Gender: ☐ Female ☐ Male

TITLE	FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
Address: <input type="checkbox"/> Same as student or _____			
Home Phone: <input type="checkbox"/> Same as student or _____		Business Phone: _____	Ext: _____
Cell Phone: _____			

## SPECIAL EDUCATION/SPECIAL NEEDS

Does student have special education/diverse learning need?.....☐ Yes ☐ No

Does student have or require specialized equipment? .....☐ Yes ☐ No

In your current school/board, is this student involved in special education programs and/or services? .....☐ Yes ☐ No

Does this student have an Individual Education Plan (IEP)? .....☐ Yes ☐ No

Does this student have a safety plan/behavioural plan? .....☐ Yes ☐ No

Has this student been identified as an exceptional student? through the Identification Placement Review Committee (IPRC)? .....☐ Yes ☐ No

If yes, date of most recent IPRC review, as appropriate: \_\_\_\_\_

Is the student's transition plan attached to the IEP? .....☐ Yes ☐ No

### ENGLISH LANGUAGE LEARNERS (ELL)

In your current school/board, does this student receive ESL/ELD services? .....☐ Yes ☐ No

## SAFE SCHOOLS

### SUSPENSION/EXPULSION

Is the student currently serving a suspension? .....☐ Yes ☐ No

Is the student currently participating in a program for suspended students? .....☐ Yes ☐ No

Is the student expelled from any school and, if yes, have they successfully completed a program for expelled students? .....☐ Yes ☐ No

## CANADA'S ANTI-SPAM LAW CONSENT

Under Canada's Anti-Spam Law (CASL) the Dufferin-Peel Catholic District School Board requires your consent to send you electronic messages about commercial activities which may include email or texts about such things as field trips, yearbooks, uniforms, school pictures, fundraising activities and events, food and drink purchases, books, prom or dance tickets, sporting/athletic events or similar events and offers. We are seeking your consent to send commercial electronic messages to the email addresses provided on this form.

We consent to receive electronic messages of a commercial nature as outlined above to the email addresses or cell phones provided on this form for the purpose of supporting my student's educational program and activities.

Your consent remains in effect as long as the student attends a DPCDSB school unless you withdraw it. If you have any questions, or wish to revoke your consent at any time please contact your school principal.

Signature of Parent/Guardian: \_\_\_\_\_

## SIGNATURES

### PLEASE NOTE:

Upon receipt of a completed registration form, the school will request the student's Ontario Student Record (OSR - a cumulative record that follow students as they progress through school) from the student's former school of copies of student records from schools in other provinces. In some cases, the former school may be contacted to request information in advance of the receipt of the OSR for the purpose of establishing an appropriate educational program and placement for the student, and for the safety of the students and staff. More information about the Dufferin-Peel Catholic District School Board information routine uses of student information can be found in the student agenda/handbook and on the school website. Questions may be addressed to the school principal.

**Falsifying information on this form may rescind the admission to this elementary school**

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_  
YEAR MONTH DAY

Signature of Principal/Designate: \_\_\_\_\_

Date: \_\_\_\_\_  
YEAR MONTH DAY

Information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); Sabrina's Law, 2005, S.O. 2005, c. 7 and Ryan's Law (Ensuring Asthma Friendly Schools), 2015, S.O. 2015, C. 3 in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Any questions regarding information collected, may be directed to the school principal or to the Records Management and Access & Privacy Administrator, 40 Matheson Blvd West, Mississauga, ON L5R 1C5 (905) 890-1221 ext. 24443

## OFFICE USE ONLY

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Documents to be filed in the OSR:

- |  |   |
|--|---|
| <input type="checkbox"/> Newcomer Reception Report   | <input type="checkbox"/> P.E.D.S. (Personal Electronic Device) Agreement - GF542.00 |
| <input type="checkbox"/> IPRC Documentation  | <input type="checkbox"/> IEP Documentation/Safety Plan/ Behaviour                   |
| <input type="checkbox"/> Baptismal Certificate of Student  | <input type="checkbox"/> Medication Forms - Medical Health Form - GF035             |
| <input type="checkbox"/> Baptismal Certificate of Parent/Guardian (if applicable)                                      | <input type="checkbox"/> Flex Boundary Documentation - GF105.06                     |
| <input type="checkbox"/> Confirmation of Pupil Eligibility - GF008.1   | <input type="checkbox"/> Network User Agreement - GF066                             |
| <input type="checkbox"/> Registration form - GF008E  |   |
| <input type="checkbox"/> Copy of most recent Custody Order if applicable (original document to be viewed and verified) |   |
| <input type="checkbox"/> Application for Direction of School Support - GF005 / Lease Agreement - GF006D and GF006P     |   |

### Original documents to be viewed and verified but not filed in the OSR

- |  |  |
|--|--|
| <input type="checkbox"/> Birth Certificate   | <input type="checkbox"/> Citizenship/Immigration/Intl. Student Verification (submit to admissions)           |
| <input type="checkbox"/> Passport  |  |
| <input type="checkbox"/> Proof of Residence Sources:<br>(e.g., property tax bill, current utility bill, e-bill, real estate document or Government of Canada issued forms) | <input type="checkbox"/> Ontario Immunization Reference # _____  |
|  | <input type="checkbox"/> Immunization/Vaccine Record or New School Registrant - Immunization Submission Form |

Office Signature: \_\_\_\_\_

**CC: Copy to be filed in the OSR**