



Student Name: _____

School Name: _____
(For which the student is registering.)

Student OEN (Ontario Education Number): _____

HALTON DISTRICT SCHOOL BOARD STUDENT REGISTRATION FORM

Shaded Areas for Office Use Only

Tax Support Public Board	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Immunization	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Student No.
Optional Attendance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Birth Verified	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Trillium Entry Date
Proof of Citizenship (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Proof of Address	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			International Student	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Track	Grade	Date of Entry	ESL Start ESL End	Program	Home Form
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(PLEASE PRINT)

STUDENT INFORMATION:

Last Name _____ (Legal) First Name _____ (Legal) Middle Name _____ (Legal)

Last Name _____ (Preferred) First Name _____ (Preferred) Middle Name _____ (Preferred)

Date of Birth ____/____/____ Male Female
Year Month Day

Date of Birth Verification: Birth Certificate Canadian Citizenship Immigration Papers Passport Other

Has the student **ever** been registered at a school within the Halton District School Board? Yes No

If Yes, provide the name of the school within the Halton DSB most recently attended:

_____ Last grade attended _____

Has the student **ever** been registered at a school within the Province of Ontario? Yes No

If Yes, provide the name of the school most recently attended:

If No, provide the name of the school most recently attended outside of Ontario:

_____ Last grade attended _____

School Address: _____ School Phone Number: (____) ____ - ____

_____ School Fax Number: (____) ____ - ____

_____ School e-mail: _____

Name of School Board: _____

Is the student **currently** suspended from school? Yes No

Is the student **currently** expelled from a school or board? Yes No

Has the student ever been previously suspended/expelled from a school or board? Yes No

SPECIAL EDUCATION:

Has the student ever been identified through an IPRC and/or received special education support? Yes No

MEDICAL INFORMATION:

Health Card No. _____ (Version No.)
(optional but recommended)

Immunization Record Complete Yes No
(see yellow insert from Regional Municipality of Halton)

Medical Conditions:

If your child has significant health factors of which the school should be aware, please describe the condition(s) below.

_____	Life Threatening
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

SIBLING INFORMATION: (if the student has brothers or sisters in this school, please indicate)

	Last Name	First Name
1)	_____	_____
2)	_____	_____
3)	_____	_____

ABORIGINAL STUDENT SELF-IDENTIFICATION: (please check off one of the boxes below, this is voluntary)

- First Nation Ancestry
- Inuit Ancestry
- Metis Ancestry

Fill in the section below, ONLY if country of birth is other than Canada:
Legal Documents Required to make any changes

Birth Country _____ Arrival Date _____ Status in Canada _____

Verification _____ Expiry Date _____ Country of Last Residence _____

Country of Citizenship to be completed for ALL students:

Country of Citizenship _____ Province of Birth _____
(If born in Canada)

Languages Spoken (if other than English):

1) _____	First Language <input type="checkbox"/>	Spoken at Home <input type="checkbox"/>
2) _____	First Language <input type="checkbox"/>	Spoken at Home <input type="checkbox"/>

HOME ADDRESS:

Proof of Address Required

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

HOME PHONE NUMBER: _____ - _____ - _____ Unlisted

MAILING ADDRESS: (if different from home address)

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

Rural Route No. _____ Post Office Box No. _____ General Delivery No. _____

City/Town _____ Province _____ Postal Code _____

PARENT AND/OR LEGAL GUARDIAN INFORMATION ONLY

If **No Access**, legal documentation required. Documentation Received: Yes No Not Applicable

Contact priority should be based on whom to call in the case of an emergency and/or school closure.

Note: If e-mail address is provided, the school may use it for contact purposes.

1) Last Name _____ First Name _____

(Please check all applicable boxes.) Male Female

Legal documents (custody order) are required to change this information

Relationship

Mother Access to Student Guardian Lives with Student Access to Records
Father No Access Custody Receives Mail Speaks School Language
Step Parent
Parent (Circle below, 1 = high, 4 = low)
Foster Parent
Legal Guardian For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. ____ - ____ - ____ Cell. No. ____ - ____ - ____ E-mail Address _____

Place of Employment _____ Business No. ____ - ____ - ____ ext. ____

Home Mailing Address (complete only if different from student)

No. ____ Street _____ Apt. No. ____ Unit No. ____ Suite No. ____

R.R. # ____ P.O. Box _____ Gen. Del. # ____ City/Town _____ Prov. ____ Postal Code _____

2) Last Name _____ First Name _____

(Please check all applicable boxes.) Male Female

Legal documents (custody order) are required to change this information.

Relationship

Mother Access to Student Guardian Lives with Student Access to Records
Father No Access Custody Receives Mail Speaks School Language
Step Parent
Parent (Circle below, 1 = high, 4 = low)
Foster Parent
Legal Guardian For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. ____ - ____ - ____ Cell. No. ____ - ____ - ____ E-mail Address _____

Place of Employment _____ Business No. ____ - ____ - ____ ext. ____

Home Mailing Address (complete only if different from student)

No. ____ Street _____ Apt. No. ____ Unit No. ____ Suite No. ____

R.R. # ____ P.O. Box _____ Gen. Del. # ____ City/Town _____ Prov. ____ Postal Code _____

3) Last Name _____ First Name _____

(Please check all applicable boxes.) Male Female

Legal documents (custody order) are required to change this information

Relationship

Mother Access to Student Guardian Lives with Student Access to Records
Father No Access Custody Receives Mail Speaks School Language
Step Parent
Parent (Circle below, 1 = high, 4 = low)
Foster Parent
Legal Guardian For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. ____ - ____ - ____ Cell. No. ____ - ____ - ____ E-mail Address _____

Place of Employment _____ Business No. ____ - ____ - ____ ext. ____

Home Mailing Address (complete only if different from student)

No. ____ Street _____ Apt. No. ____ Unit No. ____ Suite No. ____

R.R. # ____ P.O. Box _____ Gen. Del. # ____ City/Town _____ Prov. ____ Postal Code _____

EMERGENCY CONTACT INFORMATION

If parent/guardian not available, contact this person.

1) Last Name _____ First Name _____

Female Male Relationship to student/comment: _____

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4

For School Closure: Priority 1 2 3 4

Home No. ____ - ____ - ____ Cell No. ____ - ____ - ____ ext. ____ Bus. No. ____ - ____ - ____

If parent/guardian not available, contact this person.

2) Last Name _____ First Name _____

Female Male Relationship to student/comment: _____

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4

For School Closure: Priority 1 2 3 4

Home No. ____ - ____ - ____ Cell No. (____ - ____ - ____ ext. ____ Bus. No. ____ - ____ - ____

STUDENT CONTACT INFORMATION:

Cell Phone No. ____ - ____ - ____ Email Address _____

Emergency Dismissal: (Grades 6 – 8 only)

Upon dismissal, proceed home as usual
Remain, pending parental instruction

Remains at School for Lunch (Grades K – 8 only)

Yes
No

ADDITIONAL STUDENT INFORMATION: (if required by the school)

FOR SECONDARY SCHOOL USE ONLY:

Proof of Literacy Test Results Received: Yes No

(To be completed for students entering Secondary School on or after September 1999)

Previous **Community Service Hours** completed outside Halton DSB: _____ hours

Grade 10 Literacy Test successfully completed *(Please provide proof of results)* Yes No

Please note that this information and any other personal information about your son/daughter is collected, retained, used and disclosed pursuant to sections 28, 29, 30, 31 and 32 of the *Municipal Freedom of Information and Protection of Privacy Act* for the purpose of fulfilling the Board’s responsibilities as set out in the *Education Act*, Regulations and Ministry of Education Policies, Procedures, Standards and Guidelines. Opportunities will be provided to update the personal information collected annually. Any questions with respect to the personal information collected should be directed to the Principal of the School.

I certify that the information given on this form is correct.

Parent/Guardian Signature: _____ **Date:** _____
(or student if 18 years of age or older)

This information will be shared with Halton Student Transportation Services for the provision of home to school transportation.