

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	I 🔲 Self Identified 🗆 Please specify:			
Note : Legal Name as shown on legal document (i.e. birth certificate, po	assport, change of name order, etc.) and will appear on all school Official Records			
STUDENT ADDRESS INFORMATION				
Home Address:				
Number Street	Apt/Unit/Suite Number			
City/Town	Province Postal Code			
Home Phone Number:	Listed: Yes 🗆 No 🗆			
STUDENT LANGUAGE, CITIZENSHIP AND	IMMIGRATION INFORMATION			
Country of Citizenship:				
	(If born in Canada)			
Languages Spoken (indicate all languages including English)				
1)	First Language 🗆 Spoken at Home 🗆			
2)	First Language 🗆 Spoken at Home 🗆			
Fill in the section below <u>ONLY</u> if country of birth is some	ething other than Canada			
Birth Country:	Country of Last Residence:			
Status is Canada:	Date Arrived in Canada: Expiry Date:			
MEDICAL INFORMATION				
Health Card No	(Version No.) (optional but recommended)			
Medical Conditions:				
If your child has medical needs or conditions of which th	e school should be aware, please describe the			
condition(s) below:	Life Inreatening			
	Yes 🗆 No 🗆			
	Yes 🗆 No 🗆			
SIBLING INFORMATION (if the student has brothers or sisters in this school, please indicate)				
Surname (1):	Surname (2):			
First Name (1):				

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EDUCATIONAL BACKGROUND			
Name of Previous School:			
Previous School Address:			
City/Town	Province		
Previous School Board:			_
Last Date of Attendance:			
Has the student ever been registered at a school within the	Toronto Distric	t School Board?	Yes 🗆 No 🗆
If Yes , provide the name of the school:			
Has the student previously received Special Education Suppor Type of program (<i>if known</i>):	rt? Yes 🗆] No 🗆	
Is the student currently under suspension from any school or	board?		Yes 🗆 No 🗆
Is the student currently under expulsion from any school or b			Yes 🗆 No 🗆
PARENT/LEGAL GUARDIAN CONTACT INFOR	MATION		
CONTACT 1	Nama		Mala 🗖 Famala 🗖
			Male 🗆 Female 🗆
Relationship to student:	Emergency p	riority: 1 2 3 4 Schoo circle your choice: 1=high prior	I Closure priority: 1 2 3 4 rity, 4=low priority
Home Phone Number:	Check all applicable boxes		
Business Phone Number:	Has Access	Legal Guardian 🗆	Receives Mail
Cell Phone Number:	to Student	Has Custody	Has Access to Records
Email Address [*] :	Yes 🗆 No 🗆	Lives with student	Speaks English 🗆
CASL 🗆			
Home Mailing Address (complete if different than student's)			
Number Street City/Town		Province	Postal Code
CONTACT 2			
	Name:		Male 🗆 Female 🗆
Relationship to student:	Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4		
Home Phone Number:		circle your choice: 1=high prior	ity, 4=low priority
Business Phone Number:	Check all app	licable boxes	
Cell Phone Number:	Has Access	Legal Guardian 🗆	Receives Mail
Email Address [*] :	to Student	Has Custody	Has Access to Records
CASL 🗆	Yes 🗆 No 🗆	Lives with student \Box	Speaks English 🗆
Home Mailing Address (complete if different than student's)			
Number Street City/Town		Province	Postal Code

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

CONTACT 1				
Surname:	First Name: Male 🗆 Female			
Relationship to student:	Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4 circle your choice: 1=high priority, 4=low priority			
Home Phone Number:				
Business Phone Number:				
CONTACT 2				
Surname:	First Name: Male 🗆 Female			
Relationship to student:	Emergency priority: 1 2 3 4 School Closure priority: 1 2 3 4 circle your choice: 1=high priority, 4=low priority			
Home Phone Number:				
Business Phone Number:				
INDIGENOUS STUDENT SELF-IDENTIFIC	CATION			
All parents/guardians of Indigenous students, and students w identify. Please check the most appropriate single box to ind	where they are 18 years of age or older, have the right to voluntarily self- dicate Indigenous Identity (if applicable).			
First Nation Ancestry (Status or non-Status)	Indigenous person outside of Canada 🗆			
Métis Ancestry Inuit Ancestry	Other 🗆			
	if required for school)			
All information provided above is correct and true. All a	admissions are conditional panding resolut of required			
documentation.				
Signature of Parent/Legal Guardian	yyyy/mm/dd			
Personal information on this form is collected under the authority of the <i>Education Act</i> , R.S.O. 1990, c.E.2 and the <i>Municipal Freedom of Information and</i> <i>Protection of Privacy Act</i> , R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions or concerns about this collection should be directed to the Privacy Office, Toronto District School Board, 1 Civic Center Court, 4 th floor, Etobicoke Ontario, M9C 2B3 or (416) 394-2344.				
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 emails	progress and information nights and information from Board officials or the Board of ools. ercial nature. Canada's new Anti-Spam Legislation (CASL) took effect on July 1, 2014. commercial in nature unless the recipient has provided consent first. As a result, ails which contain advertising or promotions regarding school fundraisers, lunch notos, books, prom or dance tickets, athletic events with an entry fee or similar even			