



STUDENT INFORMATION – PLEASE PRINT

Legal Surname: _____ Legal First Name: _____
Preferred Surname: _____ Preferred First Name: _____
Legal Middle Name: _____ Gender: Male Female Not Disclosed Self-Identified
Home Phone: _____ Unlisted If Self-Identified: Two-Spirit Genderqueer
Date of Birth (year-month-day): _____ Gender Fluid Gender Nonconforming Intersex
Please list student’s siblings in this school: _____ Non-Binary Trans Other
Is the student currently expelled from any school or school board? Yes No

Parent/Guardian Registration Checklist

In all instances, ORIGINAL documentation must be presented.

- Completed Registration Form**
- Proof of Student's Age (present one original document from the list below)**
 - Canadian Birth Certificate / Birth Registration Card
 - Canadian Citizenship Card / Certificate / Passport
 - Permanent Resident Card / Confirmation of Permanent Residence
 - Letter of Admission from International Admissions
- Proof of Address (present one original document from the list below)**
 - Current Utility Bill (water, hydro, gas, home phone, cable, internet, property insurance)
 - Government forms (i.e. Service Canada documents)
 - Lease/Purchase Agreement/Tax Bill

Note: We cannot accept a Driver's license as a Proof of Address.
- Proof of Immunization**
 - To be submitted directly to the Region of Waterloo Public Health
 - Online at <https://e-immunization.regionofwaterloo.ca/> or calling 519-575-4400
- Proof of Custody**
 - Children must live with their parent(s) unless legal documentation supports an alternate living arrangement
- Proof of Education**
 - For Elementary students who are currently attending school in Ontario, please bring the most recent report card
 - For Secondary students who are currently attending or have attended Secondary School in Ontario, please bring the most recent transcript, report card or credit summary report (if available) and Principal to Principal Transfer Form (if from a Waterloo Catholic District School Board Secondary School)
 - Notify school at time of registration if your child is registered currently in a specialized program such as Specialist High Skills Major (SHSM) (include sector), International Baccalaureate (IB), French Immersion (FI), English as a Second Language (ESL) or other programming
 - Provide a copy of your child’s supporting documents for identified resource assistance, if applicable

Information on this Registration Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information collected on this form will be used to establish the Ontario Student Record (OSR) and for other student and educational related purposes, such as registration, administrative, communication, data reporting and transportation. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the Principal of the school or the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.

STUDENT ADDRESS INFORMATION

Home Address: _____
Number Street Apt #

City / Town / Village / Municipality Province Postal Code

Mailing Address: Same as home address? Yes No If NO, please complete below

Number Street City / Town / Village / Municipality Province Postal Code

TRANSPORTATION ARRANGEMENTS FOR ELIGIBLE STUDENTS

OUF determines transportation eligibility. To determine if the student is eligible, visit [Bus Planner \(https://bpweb.stswr.ca/\)](https://bpweb.stswr.ca/). If a student is eligible for board-funded transportation, indicate where the student will be picked up and dropped off:

Picked up from Home Dropped off at Home Picked up from Caregiver Dropped off at Caregiver Special Education Eligible

Pick up Address: _____
Number Street City / Town / Village / Municipality Province Postal Code

Drop off Address: _____
Number Street City / Town / Village / Municipality Province Postal Code

PREVIOUS SCHOOL INFORMATION

Name of Previous School: _____

Previous School Address: _____ Language of Instruction: _____
City / Town / Village / Municipality Province

Previous School Board: _____ Grade: _____

Last Date of Attendance: _____ Reason for Transfer: _____

Did the student ever attend a Waterloo Region District School Board School in the past (including International Languages)? Yes No

If yes, name school(s): _____

STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

Country of Birth: _____ If Canada, Province of Birth: _____

Citizenship: _____ Date Arrived in Canada: _____

First Language: _____ Language Spoken at Home: _____

STUDENT MEDICAL INFORMATION

(If this section is applicable to the student, there may be additional forms to be completed)

Allergies or Health Concerns: _____

Are any of the noted health concerns life threatening? Yes No Does the student require an epi-pen? Yes No

VOLUNTARY FIRST NATION, METIS AND INUIT SELF IDENTIFICATION

If you wish to declare that your child is a First Nation, Metis or Inuit person, please check one of the following boxes.

First Nation Metis Inuit

SPECIAL EDUCATION / IEP/ IPRC / ESL / ELD INFORMATION

Does your child receive any special education assistance (elementary or secondary)? Yes No

If YES, please provide details: _____

Has your child previously received English as a Second Language (ESL) or English Literacy Development (ELD) assistance? Yes No

If YES, please provide details: _____

PARENT / LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION

Living With

Both Parents Mother Only Father Only Legal Guardian C.A.S/F&CS Other: _____

Custody

Both Parents Mother Only Father Only Joint Legal Guardian C.A.S/F&CS Other: _____

If joint custody checked, please indicate schedule: Weekly Bi-Weekly Monthly Other: _____

Provide alternate address for joint custody: _____

Is there a legal document that sets out custody and access to the student?

No Yes (please provide school with copy of legal document for OSR)

Contact 1 (Contact information for self, if student is 18 years of age or older)

Name: _____ Male Female Undisclosed
Title (Mr., Mrs., Dr., etc.) Last Name First Name

Relationship to Student: _____ Employer (optional): _____

Check all applicable boxes Has access to Student: Yes No Legal Guardian Receives Mail
 Has Custody Has Access to Records
Emergency/Attendance Contact Priority: First Second Third Lives with Student Speaks English

Home Number: _____ Priority: ___ (1-3) Business Number: _____ Priority: ___ (1-3)

Cell Number: _____ Priority: ___ (1-3) Email Address: _____

Address: Same as Student's Home Address Address Below:

Number Street City / Town / Village / Municipality Province Postal Code

Contact 2 Name: _____ Male Female Undisclosed

Title (Mr., Mrs., Dr., etc.) Last Name First Name

Relationship to Student: _____ Employer (optional): _____

Check all applicable boxes Has access to Student: Yes No Legal Guardian Receives Mail
 Has Custody Has Access to Records
Emergency/Attendance Contact Priority: First Second Third Lives with Student Speaks English

Home Number: _____ Priority: ___ (1-3) Business Number: _____ Priority: ___ (1-3)

Cell Number: _____ Priority: ___ (1-3) Email Address: _____

Address: Same as Student's Home Address Address Below:

Number Street City / Town / Village / Municipality Province Postal Code

Contact 3 Name: _____ Male Female Undisclosed

Title (Mr., Mrs., Dr., etc.) Last Name First Name

Relationship to Student: _____ Employer (optional): _____

Check all applicable boxes Has access to Student: Yes No Legal Guardian Receives Mail
 Has Custody Has Access to Records
Emergency/Attendance Contact Priority: First Second Third Lives with Student Speaks English

Home Number: _____ Priority: ___ (1-3) Business Number: _____ Priority: ___ (1-3)

Cell Number: _____ Priority: ___ (1-3) Email Address: _____

Address: Same as Student's Home Address Address Below:

Number Street City / Town / Village / Municipality Province Postal Code

PARENT/GUARDIAN/STUDENT (over 18) ACKNOWLEDGEMENT

I certify that the information that I have provided on this form is accurate. I understand that copies of custody documentation, if applicable, will be included in the Ontario Student Record (OSR).

Parent/Guardian/Student (over 18) Full Name

Signature

Date

For School Use ONLY

SCHOOL CHECKLIST FOR STUDENT REGISTRATION

Legal Last Name		WRDSB Student #	
Legal First Name		OEN #	
Entry Date	Entry Type	Grade	Class/Homeform

In all instances, ORIGINAL documentation must be presented.

Proof of Age and Immigration Status and Language Information for Funding Purposes

- | | |
|--|---|
| <input type="checkbox"/> Canadian Birth Certificate/Registration Card
<input type="checkbox"/> Canadian Citizenship Card/Certificate
<input type="checkbox"/> Canadian Passport
<input type="checkbox"/> Canadian Permanent Resident Card
<input type="checkbox"/> Confirmation of Permanent Residence
<input type="checkbox"/> Statement/Notice of Live Birth
<input type="checkbox"/> Letter of Admission from International Admissions Office | <input type="checkbox"/> Country of Birth _____
<input type="checkbox"/> Province/Territory of Birth (if Canada) _____
<input type="checkbox"/> Parent speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was English first language student learned at home
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Complete this section if the student is a Permanent Resident:

- | | |
|---|---------------------------|
| <input type="checkbox"/> Confirmation of Permanent Residence | Date became a P.R.: _____ |
| <input type="checkbox"/> Permanent Resident Card (see back of card) | Date became a P.R.: _____ |

Complete this section if the student is a Canadian Citizen born outside of Canada:

Date of entry is the date that student enters Canada to live, not a short term visit/vacation in Canada taken beforehand

- | | |
|---|---|
| <input type="checkbox"/> Canadian Passport | Original date of first entry to live in Canada: _____ |
| <input type="checkbox"/> Canadian Citizenship Certificate | Date of Entry Stamp in Passport: _____ |

Proof of Address/Residence in Waterloo Region

We cannot accept Driver's License as Proof of Address

- | | |
|--|--|
| <input type="checkbox"/> Government Issued Forms
<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Bank Statement | <input type="checkbox"/> Purchase/Lease Agreement
<input type="checkbox"/> Tax bill
<input type="checkbox"/> Property Insurance Bill |
|--|--|

Proof of Custody (where applicable)

- | | |
|--|---|
| <input type="checkbox"/> Living with custodial parent(s)
<input type="checkbox"/> Custodial Court Order | <input type="checkbox"/> Guardianship Agreement |
|--|---|

Additional Documentation

- | | |
|---|---|
| <input type="checkbox"/> Report Card | <input type="checkbox"/> Transcript and/or Credit Summary Report (secondary students) |
| <input type="checkbox"/> IEP (if applicable) | <input type="checkbox"/> Other Program Documentation |
| <input type="checkbox"/> Principal to Principal Transfer Form | |

I certify that the information contained on this form is accurate and that I have examined and verified the applicable information as indicated.

Certified by:

_____ Print name	_____ Signature
_____ Position	_____ Date

This form and the information contained within it will be maintained in the Ontario Student Record.

Retention: E, plus 5 – file in OSR