Waterloo Region District School Board

Student Registration Form
Confidential - Please Print

For School Use – Permission to Register: _____ **Date:** _____   ☐ ESL ☐ SPED ☐ IPRC ☐ ISA
(Administrator's Initials)

Student Number: _____   Entry Date: _____   Entry Type: _____   Grade: _____

OEN: _____   Class/Homeform: _____

Is the student currently expelled from any school or school board? ☐ Yes ☐ No

Student Information

Full Legal Name: _____
  Last Name   First Name   Middle Name

Preferred Name: _____
(if different)   Last Name   First Name   Middle Name

Gender: ☐ Male ☐ Female   Date of Birth: _____   If the student has other siblings in this school, please list them:
                              Year   Month   Day

For School Use – **Proof of Birth:** ☐ Copy in OSR ☐ Baptismal Record ☐ Birth Registration ☐ Birth Certificate ☐ Immigration Papers/Card ☐ Passport ☐ Other

Previous School Information

Name of Previous School Board / Municipality: _____   Last date attended: _____

Name of Previous School: _____   Grade at previous school: _____

Language of Instruction: ☐ English ☐ French ☐ Other   Reason for Transfer: _____

Did the student ever attend a Waterloo Region District School Board school in the past? ☐ Yes ☐ No   **If yes, name school(s):**

_____   _____   _____

Health Information

Medical Conditions (include information on special equipment or medication, if required):

For School Use
Immunization Record provided: ☐ Yes ☐ No

Does the student require an epi-pen? ☐ Yes ☐ No

Citizenship Information

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

Country of Citizenship: _____

If student not born in Canada, provide date student entered Canada to live **for the first time**: _____
                                                                              Year   Month   Day

For School Use – **Status in Canada:**
☐ Canadian Citizen   ☐ Permanent Resident/ Landed Immigrant
☐ Study Permit/ Student Visa   ☐ Refugee Claimant
☐ Native Ancestry
☐ Other (specify): _____
☐ Verification in OSR

Languages Spoken

Language first learned in the home (mother tongue): _____   Language(s) spoken at home: _____

Voluntary First Nation Métis Inuit Ancestry

*please see the Acknowledgement section on the reverse regarding the use of this information.

☐ First Nation (Status/Non-Status)   ☐ Métis   ☐ Inuit   ☐ No FNMI Affiliation

Student's Current Address Information

For School Use – **Proof of Address** _____

Student's Home Address: _____
            Number   Street   Apt. #   City/Town   Postal Code

Student's Home Telephone Number: (_____) _____   ☐ unlisted?

Student's Mailing Address: _____
(if different from student's home address) Number   Street   Apt. #   City/Town   Postal Code

Transportation Address Information

Transportation eligibility is determined by the Board. If the 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

If student will **NOT** be picked up from or dropped off at home, enter the caregiver's address for pick-up/drop-off:

Pick-up Address: _____
          Number   Street   Apt. #   City/Town

Drop-off Address: _____
          Number   Street   Apt. #   City/Town

Contact Information — Parent/Guardian

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

Relationship to Student: _____   Place of Employment: _____

Home Telephone Number: (___) _____

Check all applicable boxes

| Has Access to Student: ☐Yes ☐No | ☐ Legal Guardian ☐ Has Custody ☐ Lives with Student | ☐ Receives Mail ☐ Has Access to Records ☐ Speaks English |

Business Telephone Number: (___) _____ Ext. _____

Cellular/Pager Telephone Number: (___) _____

☐ Same as Student's Home Address
☐ Or:

Emergency/Attendance
Contact Priority: ☐ First   ☐ Second   ☐ Third

Number   Street   Apt. #   City   Province   Postal Code

Contact Information — Parent/Guardian

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

Relationship to Student: _____   Place of Employment: _____

Home Telephone Number: (___) _____

Check all applicable boxes

| Has Access to Student: ☐Yes ☐No | ☐ Legal Guardian ☐ Has Custody ☐ Lives with Student | ☐ Receives Mail ☐ Has Access to Records ☐ Speaks English |

Business Telephone Number: (___) _____ Ext. _____

Cellular/Pager Telephone Number: (___) _____

☐ Same as Student's Home Address
☐ Or:

Emergency/Attendance
Contact Priority: ☐ First   ☐ Second   ☐ Third

Number   Street   Apt. #   City   Province   Postal Code

Contact Information — Parent/Guardian/Emergency Contact/Sitter

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

Relationship to Student: _____   Place of Employment: _____

Home Telephone Number: (___) _____

Check all applicable boxes

| Has Access to Student: ☐Yes ☐No | ☐ Legal Guardian ☐ Has Custody ☐ Lives with Student | ☐ Receives Mail ☐ Has Access to Records ☐ Speaks English |

Business Telephone Number: (___) _____ Ext. _____

Cellular/Pager Telephone Number: (___) _____

☐ Same as Student's Home Address
☐ Or:

Emergency/Attendance
Contact Priority: ☐ First   ☐ Second   ☐ Third

Number   Street   Apt. #   City   Province   Postal Code

Student Telecom Information — Secondary Students Only

Student's Business Telephone Number: (___) _____
(Optional)

Student's Cell Telephone Number: (___) _____
(Optional)

Student's E-Mail Address: _____
(Optional)

Acknowledgement - Please Sign

Please check here to request the Additional Emergency Contact form, if you would like to provide the school with additional parent/guardian or emergency contact information.

Personal information contained on this form and any other correspondence relating to involvement in Board programs is collected under the authority of the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act* and their Regulations, as amended. It will be used in the Ontario Student Record and for registration, administrative, communication, educational and reporting purposes. The information may be shared with other educational support workers employed by the Waterloo Region District School Board or with other employees to carry out their job duties or with providers of student transportation or child care. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement or in accordance with any other Act. Medical information will be shared with those transporting students in order to ensure their health and safety. Be advised that a WRDSB-based email address is being assigned to each student to support curriculum instruction. In addition to email, this address may be used in conjunction with collaboration tools such as blogs, wikis, Ning, Google or Facebook as age appropriate for use in instructional support. Information gathered on First Nation, Métis, Inuit ancestry will help the WRDSB learn more about aboriginal student achievement and allocate resources and supports to improve learning and student success. Any email address provided by you may be used to communicate with you. Some of these messages may be commercial in nature. Questions about the collection of this information should be directed to the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.

Acknowledgement: I verify that the information on this form is true and accurate. I understand it is my responsibility to keep the school advised of any change in the above information as soon as possible.

Parent/Legal Guardian/Student (if over 18) Signature: _____   Date: _____