St. Clair Catholic District School Board

Catholic Education Future Ready

Secondary Student Registration Form

FOR SCHOOL OFFICE USE ONLY – Completion is Mandatory BEFORE Registration

☐ **Boundary Verified** ☐ **Proof of Student's Age** ☐ **Edsby Invite**
☐ **Personal Use of Information Received** ☐ **Student Attestation Received** ☐ **SWIS Referral**

SCHOOL NAME

Please print when filling this form. Dates Y/M/D should be filled YYY-MM-DD.

Arrival Date (Y/M/D) (must be first day student will attend class) _____ OEN _____ Aspen Number _____

Grade _____ ◉ **Regular** ○ **French Immersion** Program _____ Birth Verification Document

Admission From:

☐ **Other Board (School BSID):**_____

☐ **This Board** ☐ **Private School** ☐ **Home Schooling** ☐ **Re-Entrant**

☐ **Other Province** ☐ **Other Country** ☐ **Other:**_____

Student Information

STUDENT

Legal Surname _____ Legal First Name _____ Legal Middle Name _____

Preferred First Name _____ Home Phone _____ ☐ *Unlisted* Date of Birth (Y/M/D) _____ S - Prefer to specify Gender 09 Grade

HOME ADDRESS

Street/911# _____ Street Name _____ Apt # _____ Delivery (R.R., PO Box, Etc.) _____ City _____ Postal Code (required) _____

MAILING ADDRESS (If different from Home Address)

Street/911# _____ Street Name _____ Apt # _____ Delivery (R.R., PO Box, Etc.) _____ City _____ Postal Code (required) _____

PREVIOUS SCHOOL

Does student have an IEP? ☐ Yes ☐ No Has a copy of the IEP been included with this registration? ☐ Yes ☐ No

School Name _____ City _____ Province _____ Country _____

Language of Instruction _____ Date Last Attended (Y/M/D) _____ Last Grade Attended _____ Reason for Transfer _____ Board Name _____

OTHER CHILDREN *List all other children in the household*

Surname	First Name	School and Grade (if applicable)

Citizenship

Citizenship: ☐ **Canadian** _____ **Province at birth** English Fluency: ☐ Speaks ☐ Writes _____ Primary Language Spoken at Home

If student was **born outside of Canada**, please complete all below. Otherwise, please leave blank.

Student Birth Country _____ Student arrival date in Canada (Y/M/D) _____ Student status in Canada _____

FOR SCHOOL OFFICE USE ONLY
☐ **Completed Citizenship Attestation**

Indigenous

Indigenous Status is voluntary and confidential. No proof of status or ancestry is required. If you wish to voluntarily self-identify your child as Indigenous, whether they live on or off reserve, please check the appropriate box below:

☐ First Nation ☐ Inuit ☐ Métis ☐ Not Applicable

Which First Nation or Association do you Identify with: _____

Do you reside on a First Nation? By indicating which First Nation you reside on, this will support in planning for connections with your First Nation. _____

Family Status

Is the child in the custody of both parents? ☐ Yes ☐ No If no, please review the below section regarding student access.

Family Composition (legal) – Please check if applicable (optional). If parent wishes the school to comply with access of custody restrictions, they must provide the school with legal documentation about the custody/access arrangements with respect to their child.

☐ Crown Ward ☐ Foster Parent ☐ Joint Custody (joint decision making) ☐ Kinship
☐ Shared Custody (parenting time) ☐ Sole Custody (single decision making) ☐ Temporary Care & Custody

FOR SCHOOL USE ONLY **Documentation Received:** ☐ **Yes** ☐ **No** ☐ **Not Applicable**

Priority should be based on which contact is to receive a call in the event of an emergency and/or school closure. Contacts must be ranked in order with number 1 being first priority. Contact information for parents should be provided regardless of custodial agreements. If for legal reasons, a parent should not have custodial access, the school must be made aware.

Parent(s)/Guardian(s)

Relationship to Student | Gender

Surname | First

Street/911# | Street Name | Apt # | Postal Code

Delivery (R.R., PO Box, Etc.) | City

Employer | Status in Canada

- ☐ Access to Student
- ☐ Legal Custody
- ☐ Access to Records
- ☐ Lives with Student
- ☐ Legal Guardian
- ☐ Speaks School Language
- ☐ Catholic

Emergency Contact Priority # ☐

School Closure Priority # ☐

Priority	Phone	Home	Work	Cell	Unlisted
1		☐	☐	☐	☐
2		☐	☐	☐	☐
3		☐	☐	☐	☐

Email

1

Relationship to Student | Gender

Surname | First

Street/911# | Street Name | Apt # | Postal Code

Delivery (R.R., PO Box, Etc.) | City

Employer | Status in Canada

- ☐ Access to Student
- ☐ Legal Custody
- ☐ Access to Records
- ☐ Lives with Student
- ☐ Legal Guardian
- ☐ Speaks School Language
- ☐ Catholic

Emergency Contact Priority # ☐

School Closure Priority # ☐

Priority	Phone	Home	Work	Cell	Unlisted
1		☐	☐	☐	☐
2		☐	☐	☐	☐
3		☐	☐	☐	☐

Email

1

Please provide an alternate contact for emergency or inclement weather situations, in case parent/guardian is unavailable. Address information for other contacts is optional.

Other Contact(s)

Relationship to Student | Gender

Surname | First

Street/911# | Street Name | Apt # | Postal Code

Delivery (R.R., PO Box, Etc.) | City

- ☐ Access to Student
- ☐ Legal Custody
- ☐ Access to Records
- ☐ Lives with Student
- ☐ Legal Guardian
- ☐ Speaks School Language
- ☐ Catholic

Emergency Contact Priority # ☐

School Closure Priority # ☐

Priority	Phone	Home	Work	Cell	Unlisted
1		☐	☐	☐	☐
2		☐	☐	☐	☐
3		☐	☐	☐	☐

The personal information collected by the St. Clair Catholic District School Board on this form is under the authority of the Education Act and Regulations (R.S.O. 1990 C.e.2) in accordance with the Municipal Freedom of Information and Protection of Privacy Act (FIPPA) (RSO 1990 c.M56), as amended. The information will be used to register the student in school, as well as for any consistent purpose, and to share information with employees to carry out their job duties. Providing contact information (email, phone, etc.) implies consent for the school or Board to communicate with parents/guardians, and an unsubscribe option is provided on the bottom of CASL emails. Students and parents/guardians are hereby informed that the Ontario School Record (O.S.R.) is the record of a student's educational progress through schools in Ontario and under FIPPA, have the right to have access to the contents of the O.S.R.

I authorize the release of my child's information to the Chatham-Kent Lambton Administrative School Services for transportation purposes; to the local parish for sacramental purposes; to the local health unit (under the Immunization of School Pupils Act, 1990); and in the case of an emergency, to the hospital or health officials as required. In addition, the information may be used for matters of health and safety, discipline and is required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act.

I certify that the information contained herein is accurate. I understand that it is my responsibility to notify the school immediately if any information changes.

All admissions are conditional pending receipt of required documentation and meeting admissions requirements.

Printed Name of Parent or Guardian	X *Signature of Parent of Guardian*	*Date (Y/M/D)*
Printed Name of Parent or Guardian	X *Signature of Parent of Guardian*	*Date (Y/M/D)*
Printed Name of School Official	X *Signature of School Official*	*Date (Y/M/D)*