

ELEMENTARY STUDENT REGISTRATION FORM



ST. CLAIR CATHOLIC
DISTRICT SCHOOL BOARD
Lighting the Way ~ Rejoicing in Our Journey

SCHOOL NAME:

For School Office Use Only - Completion is Mandatory BEFORE Registration Eligibility to Register († source document to be noted below and copy filed in OSR)

- Edulog Boundary Verified † Proof of Parent Catholicity Proof of Student's Age
 School Support Verified OR ADSS Received Lease Received (if necessary)

Admit Date (must be first day student will attend class): _____ OEN #: _____

Track: _____ Grade: _____ Homeroom: _____ Program: _____ Trillium #: _____

Attendance Status: Full-Time Part-Time

Beginner From this Board From Other Board From Private School
 From Home Schooling Re-Entrant From Other Country From Other Province
 Other: _____

Specify Proof of Residency*: _____
*Drivers' License is not acceptable proof of residency

Please Print

STUDENT INFORMATION:

Legal Surname	Legal First Name	Legal Middle Name	Preferred First Name

NOTE: Legal name must be as shown on legal documents (i.e. birth certificate, passport) and will appear on all school Official Records (i.e. Report Cards/Transcripts)

Gender: Male Female **Birth Date:** _____ Verification Document: _____
YYYY/MM/DD

Roman Catholic Yes No *If yes, please complete the following if applicable:*

Name of Current Parish: _____ Baptism Date: _____ Parish: _____
YYYY/MM/DD

First Communion Date: _____ Reconciliation Date: _____ Confirmation Date: _____
YYYY/MM/DD YYYY/MM/DD YYYY/MM/DD

Home Address (911 Address):

Street Number	Street Name	Apt #	City	Postal Code (Mandatory)

Mailing Address (if different from above):

RR #	P.O. Box	Apt #	City	Postal Code

Home Phone Number: _____ Unlisted School Support: SEPARATE PUBLIC

List all other children in the household (including pre-school age):

Surname	First Name	Date of Birth (YYYY/MM/DD)	School and Grade (if applicable)

First-time registrants are required to provide immunization information to the Health Unit.

Doctor's Name: _____ Doctor's Phone #: _____

Medical Alert Information, Food Allergies, or Disability: _____

(Please note that for any conditions requiring administration of medication, an authorization form must be requested annually from the Principal or your family doctor.)

Citizenship: CANADIAN OTHER Language Spoken in the home: _____

If student is **born in Canada**, indicate **Province:** _____

If student is **born outside of Canada**, please complete the following information:
Note: In addition, the "Confirmation of Pupil Eligibility for English as a Second Language" Form must be completed.

Country of Birth: _____ Status in Canada: _____ Verification Document: _____

Date of 1st Entry into Canada: _____ Expiry Date: _____
YYYY/MM/DD YYYY/MM/DD

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

- First Nation Metis Inuit

*** Information gathered on Indigenous Student Self-Identification may be used in the aggregate by and reported to the Ministry of Education through the Ontario School Information System (OnSIS)***
 *** Identification may be removed at any time by contacting the school ***

PREVIOUS SCHOOL INFORMATION:

Previous School Attended: _____ School Board: _____

Address:

Street Number	Street Name	City	Province	Country

Language of Instruction: _____ Date Last Attended: _____
YYYY/MM/DD

Last Grade Attended: _____ Reason for Transfer: _____

Students and parents/guardian are hereby informed that the Ontario School Record (O.S.R.) is an ongoing record which commences when a child enrolls for the first time in a school in Ontario. Under the Freedom of Information and Protection of Privacy Act, 1987, students and parents or guardians have the right to have access to the contents of the O.S.R.

The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the St. Clair Catholic District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school, as well as for any consistent purpose, and to share information with employees to carry out their job duties. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. For questions about this collection, contact the Director of Education, St. Clair Catholic District School Board, 420 Creek Street, Wallaceburg N8A 4C4. Telephone (519) 627-6762.

Student Name: _____

PARENT AND CONTACT INFORMATION: (* Contact information is mandatory for Mother, Father and/or Legal Guardian)

Is child in custody of both parents? YES NO

If no, state who has legal custody and provide supporting documentation: _____

PARENT / GUARDIAN 1

Title	Surname	First Name	Middle Name

Male Female

Relationship to Student: _____

* Roman Catholic: YES NO

Email Address: _____

Verification Document: _____
(Copy to be filed in OSR)

Address (if different from student):

Street Number	Street Name	Apt #	City	Province	Postal Code

Phone Numbers

Phone Number (Parent/Guardian 1)	Ext.	Phone Type	Unlisted?	Priority

- Guardian Receives Mail
- Custody Access to Records
- Lives with Student Speaks School Language

* Place of Employment: _____

Emergency Contact Priority: 1st 2nd 3rd

* Citizenship: CANADIAN OTHER

School Closure Priority: 1st 2nd 3rd

If OTHER, please specify status in Canada: _____

PARENT / GUARDIAN 2

Title	Surname	First Name	Middle Name

Male Female

Relationship to Student: _____

* Roman Catholic: YES NO

Email Address: _____

Verification Document: _____
(Copy to be filed in OSR)

Address (if different from student):

Street Number	Street Name	Apt #	City	Province	Postal Code

Phone Numbers

Phone Number (Parent/Guardian 2)	Ext.	Phone Type	Unlisted?	Priority

- Guardian Receives Mail
- Custody Access to Records
- Lives with Student Speaks School Language

* Place of Employment: _____

Emergency Contact Priority: 1st 2nd 3rd

* Citizenship: CANADIAN OTHER

School Closure Priority: 1st 2nd 3rd

If OTHER, please specify status in Canada: _____

ALTERNATE CONTACT (Please provide an alternate contact for emergency or inclement weather situations, in case parent/guardian is unavailable.)

Title	Surname	First Name	Middle Name

Male Female

Address (if different from student):

Street Number	Street Name	Apt #	City	Province	Postal Code

Relationship to Student: _____

- Guardian Receives Mail
- Custody Access to Records
- Lives with Student Speaks School Language

Phone Numbers

Phone Number (Alternate Contact)	Ext.	Phone Type	Unlisted?	Priority

Emergency Contact Priority: 1st 2nd 3rd

School Closure Priority: 1st 2nd 3rd

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.

I authorize the release of my child's sacramental and demographic information to the local parish.

I authorize the release of my child's information to Chatham-Kent Lambton Administrative School Services for transportation purposes.

I authorize the release of my child's demographic information to the local health unit, and in the case of an emergency, to the hospital or health officials as required. (Note - Under the Immunization of School Pupils Act, 1996, every child who goes to school in Ontario must provide proof of immunization or file the appropriate exemption with the medical officer of health. The Public Health Division is required by law to keep immunization records on every student.)

I hereby understand and agree that unless we have provided specific written instructions to the School Board providing details of procedures to be followed in the event of an emergency medical situation, school personnel are hereby authorized to take my child directly to the hospital or to call an ambulance to do so and to administer emergency medical care as needed.

Signature of Parent/Guardian: _____ Date: _____

Signature of School Official: _____ Date: _____