



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

SCHOOL NAME:

Please Print

STUDENT INFORMATION:

For School Office Use Only - Completion is Mandatory BEFORE Registration

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

☐ Verified Edulog Boundary

☐ Proof of Student's Age

OEN #:

Grade:

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 residency

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

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

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 "Citizenship Attestation" 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 Indigenous, 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: (* Information is mandatory only for Mother, Father 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

Address (if different from student):

Street Number	Street Name	Apt #	City	Province	Postal Code

Relationship to Student: _____

Phone Numbers

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

Email Address: _____

* Place of Employment: _____

* Citizenship: ☐ CANADIAN ☐ OTHER

If OTHER, please specify status in Canada: _____

<input type="checkbox"/> Guardian	<input type="checkbox"/> Receives Mail
<input type="checkbox"/> Custody	<input type="checkbox"/> Access to Records
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks School Language

Emergency Contact Priority:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd
School Closure Priority:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd

PARENT / GUARDIAN 2

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: _____

Phone Numbers

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

Email Address: _____

* Place of Employment: _____

* Citizenship: ☐ CANADIAN ☐ OTHER

If OTHER, please specify status in Canada: _____

<input type="checkbox"/> Guardian	<input type="checkbox"/> Receives Mail
<input type="checkbox"/> Custody	<input type="checkbox"/> Access to Records
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks School Language

Emergency Contact Priority:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd
School Closure Priority:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd

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: _____

Phone Numbers

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

<input type="checkbox"/> Guardian	<input type="checkbox"/> Receives Mail
<input type="checkbox"/> Custody	<input type="checkbox"/> Access to Records
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks School Language

Emergency Contact Priority:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd
School Closure Priority:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd

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: _____