



Elementary Student Registration Form

FOR SCHOOL OFFICE USE ONLY - Completion is Mandatory BEFORE Registration

- | | | |
|---|--|--|
| <input type="checkbox"/> Boundary Verified | <input type="checkbox"/> Proof of Parent Catholicity | <input type="checkbox"/> Proof of Student's Age |
| <input type="checkbox"/> School Support Verified (or) | <input type="checkbox"/> ADSS Received | <input type="checkbox"/> Lease Received (if necessary) |

SCHOOL NAME

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

Admit Date (Y/M/D) (must be first day student will attend class)		OEN	Trillium Number
Grade	Trillium Class Code	Regular Program	French Immersion Program
Attendance Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Specify Proof of Parent Catholicity	
Admission From: <input type="checkbox"/> Beginner <input type="checkbox"/> Other Board (BSID):			
<input type="checkbox"/> This Board	<input type="checkbox"/> Private School	<input type="checkbox"/> Home Schooling	<input type="checkbox"/> Re-Entrant
<input type="checkbox"/> Other Province	<input type="checkbox"/> Other Country	<input type="checkbox"/> Other:	

Student	<input type="checkbox"/> Birth Verification Document <input type="checkbox"/> EDSBY Invite <input type="checkbox"/> Student Attestation
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Legal Surname	Legal First Name	Legal Middle Name
Preferred First Name	Home Phone	<input type="checkbox"/> Unlisted
	Date of Birth (Y/M/D)	Gender: M / F
		Grade

Home Address (911 Address)

Street/911#	Street Name	Apt #	Delivery (R.R., PO Box, Etc.)	City	Postal Code (required)
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Mailing Address (If Different from Home Address)

Street/911#	Street Name	Apt #	Delivery (R.R., PO Box, Etc.)	City	Postal Code (required)
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Catholic Yes No *If you have clicked "Yes", please complete all that apply*

Parish Currently Attending: _____ (Parish)

<input type="checkbox"/> Baptism	_____ (Y/M/D)	_____ (Parish)
<input type="checkbox"/> Reconciliation	_____ (Y/M/D)	_____ (Parish)
<input type="checkbox"/> Communion	_____ (Y/M/D)	_____ (Parish)
<input type="checkbox"/> Confirmation	_____ (Y/M/D)	_____ (Parish)

Previous School

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 (including pre-school age)*

Surname	First Name	Date of Birth (Y/M/D)	School and Grade (if applicable)

Citizenship: Canadian Other

Language(s) Spoken At Home _____

If student was born in Canada, indicate Province _____ If student was born outside of Canada, please complete all below. Otherwise, please leave blank.

Birth Country	Arrival Date in Canada (Y/M/D)	Status in Canada
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 Completed Citizenship Attestation

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 a reserve, please check the appropriate box below:

First Nation
 Inuit
 Métis
 Not Applicable

Student Information

Citizenship

Indigenous

Elementary Student Registration Form

Family Status	Is the child in the custody of both parents? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, please review the below section regarding student access.</i>				
	Family Composition (legal) - Please check if applicable (optional). If a parent wishes the school to comply with access or custody restrictions, they must provide the school with information about the custody/access arrangements with respect to their child, as per the Ontario Student Record Guidelines.				
	<input type="checkbox"/> Crown Ward	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Joint Custody	<input type="checkbox"/> Kinship	<input type="checkbox"/> Shared Custody
	<input type="checkbox"/> Sole Custody	<input type="checkbox"/> Temporary Care & Custody			
FOR SCHOOL USE ONLY		Documentation Received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

Contact priority should be based on whom to call in the case of an emergency and/or school closure. Priority must be unique across contacts - e.g. across 3 contacts, having a 1, 2 and 3. Contact info for mother and father must be provided regardless of custodial agreement. If a parent has no access, that contact info can be provided on a supplemental form upon request.

Parent(s)/Guardian(s)	Relationship to Student _____		M / F	<input type="checkbox"/> #	Emergency Contact Priority #	<input type="checkbox"/> #	School Closure Priority #			Home	Work	Cell	Unlisted
	Surname _____		Gender _____		_____		_____		Priority		Phone		
	Street/911# _____ Street Name _____		Apt # _____ Postal Code _____		_____		_____		1 _____ (phone)		<input type="checkbox"/>		<input type="checkbox"/>
	Delivery (R.R., PO Box, Etc) _____		City _____		_____		_____		2 _____ (phone)		<input type="checkbox"/>		<input type="checkbox"/>
	Employer _____		Status in Canada _____		_____		_____		3 _____ (phone)		<input type="checkbox"/>		<input type="checkbox"/>
									Email				
									1 _____				

Parent(s)/Guardian(s)	Relationship to Student _____		M / F	<input type="checkbox"/> #	Emergency Contact Priority #	<input type="checkbox"/> #	School Closure Priority #			Home	Work	Cell	Unlisted
	Surname _____		Gender _____		_____		_____		Priority		Phone		
	Street/911# _____ Street Name _____		Apt # _____ Postal Code _____		_____		_____		1 _____ (phone)		<input type="checkbox"/>		<input type="checkbox"/>
	Delivery (R.R., PO Box, Etc) _____		City _____		_____		_____		2 _____ (phone)		<input type="checkbox"/>		<input type="checkbox"/>
	Employer _____		Status in Canada _____		_____		_____		3 _____ (phone)		<input type="checkbox"/>		<input type="checkbox"/>
									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 _____		M / F	<input type="checkbox"/> #	Emergency Contact Priority #	<input type="checkbox"/> #	School Closure Priority #			Home	Work	Cell	Unlisted
	Surname _____		Gender _____		_____		_____		Priority		Phone/Email		
	Street/911# _____ Street Name _____		Apt # _____ Postal Code _____		_____		_____		1 _____ (phone)		<input type="checkbox"/>		<input type="checkbox"/>
	Delivery (R.R., PO Box, Etc) _____		City _____		_____		_____		2 _____ (phone)		<input type="checkbox"/>		<input type="checkbox"/>
									3 _____ (phone)		<input type="checkbox"/>		<input type="checkbox"/>

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. 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. Under FIPPA, students and parents or guardians 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.

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

	X	
Printed Name of School Official	Signature of School Official	Date (Y/M/D)