S	ECONDARY STUD	CONDARY STUDENT REGISTRATION FORM					
	For School Office Use Only - Completion is Mandatory BEFORE Registration						
ST. CLAIR CATHOLIC	Admit Date (must be first day student will attend class):						
ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD Lighting the Way ~ Rejoicing in Our Journey	Verified Edulog Boundary	Proof	of Student's Age				
SCHOOL NAME:	OEN #:	Grade:	Program:	Trillium #:			
	Attendance Status:	Full-Time	Part-Time				
		From this Board	From Other Boa	rd From Private School			
Please Print	From Home Schooling Re-Entrant *From Other Country *From Other Province Other: Specify Proof of Residency*:						
STUDENT INFORMATION:	* Drivers' License is not acceptable proof residency						
Legal Surname	Legal First Name	Legal Mid	dle Name	Preferred First Name			
	-			l Records (i.e. Report Cards/Transcripts)			
Gender: Male Fen	nale Birth Date: YYYY/M		on Document:				
Hama Address (Oll Address).							
Home Address (911 Address): Street Number Street Name		Apt #	City	Postal Code (Mandatory)			
M.T. All (c. her.)							
Mailing Address (if different from all RR# P.O. Box	90ve):	Apt #	City	Postal Code			
Home Phone Number:	U	nlisted	School Support:	☐ SEPARATE ☐ PUBLIC			
First-	time registrants are required to provid	de immunization infor	mation to the Health Unit.				
Doctor's Name:		Doctor's Phone	#:				
Medical Alert Information, Food A	Allergies, or Disability:						
(Please note that for any conditions re	quiring administration of medication,	an authorization form	n must be requested annually	y from the Principal or your family doctor.)			
Citizenship: CANADIA	AN OTHER Language	e Spoken in the h	ome:				
If student is born in Canada , indi		1					
If student is born outside of Cana Note: In addition, the "Citizenship Attesta	ada, please complete the followation" Form must be completed.	wing information					
Country of Birth:	Status in Canada:		Verification Docu	ument:			
Date of 1st Entry into Canada:	YYYY/MM/DD	Expiry Date:					
Indigenous Student Self-Identifi self identify your child as Indigeno	cation is voluntary and confid			required. If you wish to voluntarily box below:			
	First Nation Me	etis	Inuit				
*** Information gathered on Indigenous Student	Self-Identification may be used in the aggregative self-Identification may be removed.			Ontario School Information System (OnSIS)***			
PREVIOUS SCHOOL INFORM	AATION:						
Previous School Attended:	IATION;		School I	Board:			
Address: Street Number Street Name		City	Province	Country			
SHEET IVAILE		Cnj	Frovince	Country			
Language of Instruction:		Date Last Atte	nded:	·			

Students and parents/guardian are hereby informed that the Ontario School Record (O.S.R.) is an ongoing record which commences when a child enrols 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.

Reason for Transfer:

Last Grade Attended:

YYYY/MM/DD

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.

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Page 2									
	AND CONTACT INFO custody of both parents?	PRMATION: (*	Information is		Student Name: latory only for Mother, Father o	r Legal Guardian)	_		
If no, stat	te who has legal custody ar	nd provide suppor	ting documen	ntation:					
PARENT Title	C / GUARDIAN 1 Surname	First Nan	10		Middle Name				
Title	le Surname First Name			Wildule Ivaille	Male Female				
Address (if different from student): Street Number Street Name Apt # City			ity		Province Postal Code				
Relationsh	hip to Student:						_		
Phone Nu					Guardian	Receives Mail			
Phone Number ((Parent/Guardian 1) Ext. F	Phone Type Unlisted?	Priority		Custody	Access to Records			
					Lives with Student	Speaks School Language			
Email Ado	dress:			Γ	Emergency Contact Priority:	1st 2nd 3rd			
	`Employment:			_	School Closure Priority:				
	hip: CANADIAN	OTHER		— L	School Closure I Hority.				
If OTHER	, please specify status in C	anada:							
PARENT Title	Surname	First Nan	First Name		Middle Name	☐ Male ☐ Female			
	f different from student):								
Street Number	Street Name		Apt # Ci	ity		Province Postal Code			
Relations	hip to Student:								
Phone Nu						Danisas Mail	\neg		
Phone Number (Parent/Guardian 2) Ext. Phone Type Unlisted? Priority				Guardian	Receives Mail				
					Custody	Access to Records			
				Lives with Student	Speaks School Language				
Email Ad	ldress:				European ou Controt Dui anituu	☐ 1 st ☐ 2 nd ☐ 3 rd	 d		
* Place of	f Employment:				Emergency Contact Priority:				
* Citizens	ship: CANADIAN	OTHER			School Closure Priority:	1 st 2 nd 3 rd			
If OTHER	R, please specify status in	Canada:							
				ency or i	inclement weather situations, in case par	rent/guardian is unavailable.)			
Title	Surname	First Nam	1e		Middle Name	☐ Male ☐ Female	;		
Addross (i	f different from student):								
Address (1 Street Number	f different from student): Street Name		Apt# Cit	ty		Province Postal Code			
Relationship to Student:				Guardian [Receives Mail				
Phone Numbers Phone Number (Alternate Contact) Ext. Phone Type Unlisted? Priority				Custody	Access to Records				
I none i tambér (ione type cambeed	Thomy	اِ	Lives with Student	Speaks School Language	_		
					Emergency Contact Priority:				
					School Closure Priority:	1st 2nd 3rd			
and A	ha information and the state of	in a normata				_			
understand t authorize the authorize the authorize the Jnder the Imr	e release of my child's demograp munization of School Pupils Act.	fy the school immedia al and demographic i. n to Chatham-Kent Lo hic information to the 1996. every child who	nformation to the ambton Administr local health unit,	local por rative Sc and in the contari	urish. The case of an emergency, to the hospital or must provide proof of immunization or must provide provid	es. l or health officials as required. (Note - file the appropriate exemption with the			
nedical office	er of health. The Public Health D	ivision is required by	law to keep immi	unizatio	n records on every študent.)				

Signature of School Official:

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.

Date:____ Signature of Parent/Guardian:

Date: