

ELEMENTARY REGISTRATION FORM



CATHOLIC DISTRICT SCHOOL BOARD
OF EASTERN ONTARIO

School of Registration: _____

Start Date: _____

The following documents are **required** to complete the registration (please indicate which documents accompany this form):

CATHOLIC BAPTISMAL CERTIFICATE BIRTH CERTIFICATE IMMUNIZATION RECORD ONTARIO HEALTH CARD

Grade: _____ ENGLISH FRENCH IMMERSION

Transportation Required: YES NO To/From: HOME CAREGIVER

Does your child have special education needs? YES NO Details: _____

IEP

Last Name: _____ Given Names: _____ Home Tel.: _____

Gender: F M Address: _____ Apt. #: _____ P.O. Box: _____ City/Town: _____

Postal Code: _____ Previous School: _____ Address: _____

Religion: ROMAN CATHOLIC OTHER

Sacramental History - Please indicate which Sacraments your child has received:

BAPTISM FIRST COMMUNION RECONCILIATION CONFIRMATION

Language Spoken Most Often: _____ I give permission to distribute information on sacraments to the parish priest.

Date of Birth: _____ Country of Last Residence: _____ Date of Entry to Canada: _____

Country of Birth: _____ Province of Birth: _____ Status: LANDED IMMIGRANT OTHER VISA REFUGEE

Mother's Name: _____ Home Phone: _____

Address (if different from student): _____ Work Phone: _____

Are you an elector of Catholic English Separate school system? YES NO

Cell Phone: _____

Father's Name: _____ Home Phone: _____

Address (if different from student): _____ Work Phone: _____

Are you an elector of Catholic English Separate school system? YES NO

Cell Phone: _____

Student Lives With: BOTH PARENTS MOTHER FATHER OTHER (please specify): _____

Exclusive Custody: YES NO Court order attached: YES NO

Emergency Contact (other than parent/guardian): _____ Telephone: _____

Caregiver Name & Address: _____ Telephone: _____

OHIP #: _____ SIBLINGS (names & ages): _____

Medications: Does the child receive routine medications? NO YES (list): _____

Does your child have any significant health factors which must be considered? (i.e.; sight, hearing, speech, serious allergies, epilepsy, asthma)

NO YES (please describe): _____

VOLUNTARY FIRST-NATION, MÉTIS, and INUIT SELF-IDENTIFICATION - All parents/guardians of Aboriginal students, and students aged 18 years or older, have the right to voluntarily and **confidentially** self-identify. Through self-identification the Board is able to collect relevant information which helps to provide programs and strategies supporting the needs of First Nations, Métis and Inuit learners. This information is being gathered in accordance with section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act.

If the student is considered to be of Aboriginal ancestry, please check the appropriate box:

FIRST NATION (residing on a reserve) FIRST NATION (residing within Board jurisdiction) MÉTIS INUIT

USE OF STUDENT INFORMATION AND IMAGE: I consent I do not consent to my child being photographed or videotaped, and his or her name, image and/or school work used in media coverage of school related events, in school or board publications, or on the school or board web site.

This information is collected under the authority of the Education Act. It will be utilized by school personnel to establish school records and to assist in case of emergencies. Any concerns about the collection of this information should be directed to the school principal.

Signature of Parent/Guardian: _____ Date: _____

Signature of Principal: _____ Date: _____

Student Information

Parent/Guardian Information

Medical/Emergency

Self-Identification