



UPPER GRAND DISTRICT SCHOOL BOARD

STUDENT REGISTRATION FORM (Gr.1-12)

School Student Registering At: _____ Enrolment Date: _____ For Grade: _____

Important - You **MUST** check one box English Program French Immersion Program

Student Information

Last Name (<i>Legal</i>)	First Name (<i>Legal</i>)	Middle Name (<i>Legal</i>)	Birthdate (<i>mm-dd-yyyy</i>)
First Name (<i>Preferred</i>)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer Not to Disclose <input type="checkbox"/> Prefer to Specify		
Entry Date into Elementary School <i>(mm-dd-yyyy)</i>	Sibling(s) if attending UGDSB school (<i>check if in French Immersion</i>)		
Entry Date into Secondary School <i>(mm-dd-yyyy)</i>	Name: _____	Date of Birth: _____	FI
Ontario Education Number	Name: _____	Date of Birth: _____	FI
Name of Previous School Attended	Last Date Attended (<i>mm-dd-yyyy</i>)		
Previous School Province/Country	Previous Language of Instruction		
First time attending an Ontario School? Yes No	If no, provide name of previous school, city		

Have you had 12 consecutive months out of school?	Yes	No	Court/Custody Order (current)?	Yes	No
Have you had previous French language instruction?	Yes	No	Documentation attached?	Yes	No
			Are there restrictions to access?	Yes	No

Medical Information (Permission form required if medication to be administered by school staff)

Medical and Other Special Considerations

Considered Life Threatening? Yes No *(If yes, fill out Plan of Care, as appropriate)*

Medication please list

Enrolment

Student was: BORN IN CANADA	Province of Birth:	
Student was: BORN OUTSIDE CANADA *	Country of Birth:	Entry Date to Canada (<i>mm-dd-yyyy</i>)
Citizenship ** <small>(Canadian Citizen, Permanent Resident/Landed Immigrant, Student Visa, Other Visa, Refugee Status, Exchange Student)</small>	First Language Spoken	First Language at home

Indigenous Ancestry (Self-Identify) First Nation Métis Inuit

Declaration of Indigenous: Students of Indigenous ancestry can choose to self-identify so that they may benefit from supportive programs. By doing so, students also enable us to identify, review & analyze data that will contribute to program & service improvement for Indigenous learners

Contact Information

Student lives with:

Both Parents/Guardian One Parent/Guardian _____
(Please specify)

Student mailing address: _____

Other _____
(Please specify)

Apt/Unit# House Number Street Name Town/City Postal Code

Parent/Guardian Information

1)						
Last Name		First Name		Relationship to Student		Home Phone
Place of Employment		Business Number		Cellular Number		Email Address
Same as student's home address		Or	Apt/Unit#	House Number	Street Name	Town/City Postal Code
2)						
Last Name		First Name		Relationship to Student		Home Phone
Place of Employment		Business Number		Cellular Number		Email Address
Same as student's home address		Or	Apt/Unit#	House Number	Street Name	Town/City Postal Code
3)						
Last Name		First Name		Relationship to Student		Home Phone
Place of Employment		Business Number		Cellular Number		Email Address
Same as student's home address		Or	Apt/Unit#	House Number	Street Name	Town/City Postal Code

Additional Emergency Contacts (Other than Parent/Guardian)

Full Name	Full Name
Relationship to Student	Relationship to Student
Home Number	Home Number
Work Number	Work Number

Office Use Only: Documents used to verify legal name and address. Check off the documents seen and INITIAL here: _____

Proof of legal name and birthdate

Proof of address

Birth Certificate

Baptismal Certificate

Other _____

Current Property Tax Bill

Current Utility Bill

Current Agreement of Purchase & Sale

Current Home Phone/Internet/Cable

Other _____

Note: Health card is not accepted

Note: Driver's license/cell phone bill/bank statement/credit card statement is not accepted

Birth Verification Source Document: Indicate document used to verify legal name and birthdate. Do not take a copy.

Immunization Information: Instruct parent to forward to the Wellington-Dufferin-Guelph Public Health Unit. Do not take/keep a copy.

Residence: Verify the student resides/will reside within the school/board boundaries. Indicate document used to verify address.

*Appendix Entry Date & Right to Attend Form: Complete for all students born outside Canada, regardless of status. Attach to this form.

**Citizenship: If the student is not a Canadian citizen, Landed Immigrant/Permanent Resident, you must contact the Admission Enrolment Staff at the Upper Grand District School Board - 519-822-4420 ext.748

Canadian Anti-Spam Legislation (CASL)

The Upper Grand District School Board requires your consent to send any electronic messages which promote, advertise or offer for sale goods and services including field trips, yearbooks, books, food programs, fundraising according to CASL. You may subscribe or unsubscribe from electronic messages on www.ugdsb.ca/casl.

Authorization for the collection and maintenance of this information is in the Education Act (including but not limited to section 8.1(8)). The information will be used for administrative purposes, communications and to establish the Ontario Student Record(OSR). Users of this information will be supervisory officers, principals (or designates), clerical staff and teachers. This form will be securely stored in the OSR in accordance with UGDSB Procedures for the OSR Guideline and will be securely destroyed once it has met its required retention as outlined in the board's Records Management Manual and Policy 316. For queries regarding the collection of this information, contact the school principal.

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to advise the school of any changes in the above information.

Signature of Parent/Guardian/Student (if 18 years of age or older)

Date

Signature of Principal or Designate

Date