

Student Registration Form



Please note – The **Student Registration Form is a fillable PDF**. It is recommended to **download a copy of this registration form on your computer and fill it out digitally**. Printing is also accepted.

School Name: _____ Student Ontario Education Number (OEN): 9 Digit Number _____

Tax Support Public Board Yes No If no, please register at AboutMyPropertyTM (aboutmyproperty.ca)

Student Information

First Name _____ **Last Name** _____ **Middle Name** _____
(Legal) (Legal) (Legal)

First Name _____ **Last Name** _____ **Middle Name** _____
(Preferred if different) (Preferred if different) (Preferred if different)

Date of Birth _____ Male Female Self-Identify as _____ Prefer not to disclose
MM DD YYYY

Has the student **ever been registered** in a **school within the Halton District School Board**? Yes No

If **Yes**, Grade _____ Last Grade Attended _____ provide the name of the school within the HDSB most recently attended: _____

Has the student **ever been registered** at a **school within the Province of Ontario**? Yes No

If **Yes**, provide the name of the school most recently attended: _____

If **No**, provide the name of the school most recently attended outside of Ontario: _____

_____ Last grade attended _____

School Address: _____ School Phone Number: _____

School E-mail: _____ Name of School Board _____

Is the student **currently suspended** from school? Yes No

Is the student **currently expelled** from a school or board? Yes No

Has the student ever been **previously suspended/expelled** from a school or board? Yes No

Special Education

Has the student ever been identified through an IPRC and/or received special education support?

Yes No

Fill in the section below, **ONLY if country of birth is not Canada**. **Legal documents are required**.

Birth Country _____ Arrival Date in Canada _____

Arrival Date in Ontario _____

Status in Canada _____ Name of Verification Document _____

Expiry Date _____ Country of Last Residence _____

Country of Citizenship to be completed for ALL students:

Status in Canada

Canadian Citizen (If Canadian Citizen indicate Province of Birth)

Permanent Resident

Resident Immigration Status of Parent/Guardian Residing in Canada

Canadian Citizen Permanent Resident Other _____

Parent - Status in Canada Document Review

Birth Certificate Passport Permanent Resident Card Permanent Resident Confirmation Letter
 Citizenship Card Parental Work Permit Parental Study Permit Parental Visitor Student Visitor
 Refugee Claimant Convention Refugee Study Permit Other _____

Student - Status in Canada Document Review

Birth Certificate Passport Permanent Resident Card Permanent Resident Confirmation Letter
 Citizenship Card Student Visitor Refugee Claimant Convention Refugee Study Permit
 Other _____

Student Languages (Indicate all languages spoken, including English)

1. _____ Home Language Second Home Language First Language Spoken
2. _____ Home Language Second Home Language First Language Spoken
3. _____ Home Language Second Home Language First Language Spoken

Indigenous Student Self-Identification (please check off one of the boxes below, this is voluntary)

First Nation Ancestry Inuit Ancestry Metis Ancestry

Primary Student Physical Address Proof of Address Required.

This information will be **shared with Halton Student Transportation Services** for the provision of home to school transportation.

Number _____ Street _____
Apt. No. _____ Unit No. _____ Suite No. _____
City/Town _____ Province _____ Postal Code _____
Student Home Phone Number _____ Unlisted
Student Cell Phone Number _____ E-mail Address _____

Mailing Address (if different from home address)

Number _____ Street _____
Apt. No. _____ Unit No. _____ Suite No. _____
Rural Route No. _____ Post Office Box No. _____ General Delivery No. _____
City/Town _____ Province _____ Postal Code _____

Medical Information

Medical Conditions:

If your child has **prevalent medical conditions of which the school should be aware**, please indicate the condition(s) below.

- Anaphylaxis - please indicate allergen(s): _____
 Asthma Diabetes Epilepsy/Seizures

If your child has been diagnosed with any other medical condition, please identify:

1. _____ Life Threatening Yes No
2. _____ Life Threatening Yes No
3. _____ Life Threatening Yes No

Sibling Information (if the student has siblings in this school, please indicate)

1. Last Name _____ First Name _____
2. Last Name _____ First Name _____
3. Last Name _____ First Name _____

Parent/Guardian Information ONLY

Parent/Guardian Contact #1 Information

First Name _____ Last Name _____

Contact Priority

Who to call in the case of an emergency and/or school closure (1 is high priority, 4 is low priority)

Emergency Priority 1 2 3 4 School Closure Priority 1 2 3 4

Relationship to Student - Check **ONE**

Mother Father Stepparent Parent Foster Parent Legal Guardian

Access to Student - Check **ALL** that Apply

Legal Custody Lives with Student Pick up Access Guardian Access to Records

Speaks School Language No Access

Office use: If **no access**, legal documentation required. Documentation Received Yes No

Home Number _____ Priority 1 2 3 Cell Number _____ Priority 1 2 3

Business Number _____ Ext. _____ Priority 1 2 3

Email Address _____ The HDSB **may use your email** for communication purposes.

Home Address (complete only if different from student)

Number _____ Street _____ Apt. No. _____ Unit No. _____

Suite No. _____ Rural Route No. _____ Post Office Box No. _____ General Delivery No. _____

City/Town _____ Province _____ Postal Code _____

Parent/Guardian Contact #2 Information

First Name _____ Last Name _____

Contact Priority

Who to call in the case of an emergency and/or school closure (1 is high priority, 4 is low priority)

Emergency Priority 1 2 3 4 School Closure Priority 1 2 3 4

Relationship to Student - Check **ONE**

Mother Father Stepparent Parent Foster Parent Legal Guardian

Access to Student - Check **ALL** that Apply

Legal Custody Lives with Student Pick up Access Guardian Access to Records

Speaks School Language No Access

Office use: If **no access**, legal documentation required. Documentation Received Yes No

Home Number _____ Priority 1 2 3 Cell Number _____ Priority 1 2 3

Business Number _____ Ext. _____ Priority 1 2 3

Email Address _____ The HDSB **may use your email** for communication purposes.

Home Address (complete only if different from student)

Number _____ Street _____ Apt. No. _____ Unit No. _____

Suite No. _____ Rural Route No. _____ Post Office Box No. _____ General Delivery No. _____

City/Town _____ Province _____ Postal Code _____

Parent/Guardian Contact #3 Information

First Name _____ Last Name _____

Contact Priority

Who to call in the case of an emergency and/or school closure (1 is high priority, 4 is low priority)

Emergency Priority 1 2 3 4 School Closure Priority 1 2 3 4

Relationship to Student - Check **ONE**

Mother Father Stepparent Parent Foster Parent Legal Guardian

Access to Student - Check **ALL** that Apply

Legal Custody Lives with Student Pick up Access Guardian Access to Records
Speaks School Language No Access

Office use: If **no access**, legal documentation required. Documentation Received Yes No

Home Number _____ Priority 1 2 3 Cell Number _____ Priority 1 2 3

Business Number _____ Ext. _____ Priority 1 2 3

Email Address _____ The HDSB **may use your email** for communication purposes.

Home Address (complete only if different from student)

Number _____ Street _____ Apt. No. _____ Unit No. _____

Suite No. _____ Rural Route No. _____ Post Office Box No. _____ General Delivery No. _____

City/Town _____ Province _____ Postal Code _____

Emergency Contact Information (must be over the age of 18)

If parent/guardian **cannot be contacted during the day**, contact this person:

First Name _____ Last Name _____

Relationship to Student _____ Lives with Student Yes No

Home Number _____ Priority 1 2 3 Cell Number _____ Priority 1 2 3

Business Number _____ ext. _____ Priority 1 2 3 Pick up access Yes No

If **the above contact cannot be reached**, contact this person:

First Name _____ Last Name _____

Relationship to Student _____ Lives with Student Yes No

Home Number _____ Priority 1 2 3 Cell Number _____ Priority 1 2 3

Business Number _____ ext. _____ Priority 1 2 3 Pick up access Yes No

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 and will be used only for purposes related to the regular operational and administrative requirements of the HDSB. Questions with respect to this collection should be directed to your school principal or to; Manager, Access, Privacy and Records 2050 Guelph Line, Burlington, ON. L7P 5A8 905 335 3663, or privacy@hdsb.ca. I certify that the information provided on this form is accurate.

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only

Expected Start Date _____ Aspen Entry Date _____ Student Number _____

Proof of Legal Name and DOB: Cdn. Birth Certificate CDN. Passport Cdn. Citizenship Card

Confirmation of Perm Residence Permanent Residence Card

Immigration Papers Other _____

Grade _____ Program _____ Homeroom _____ Out of Area Transfer Yes No

Status in Canada Verified: Canadian Citizen Permanent Resident Study Permit/Visa Student

Parent's Study Permit Refugee Status Parent's Work Permit Exchange International Fee Paying Student No Status

Proof of Address (Indicate the two documents used to verify student residence address)

Administrator/Designate Signature: _____ **Date:** _____