

STUDENT REGISTRATION FORM

(PLEASE PRINT)

STUDENT INFORMATION

Legal Surname:	Preferred Surname:	
Legal Middle Name:	Preferred First Name:	
Legal First Name:		
Gender: Male 🗆 Female 🗆	Date of Birth (yyyy/mm/dd):	

Note: Legal Name as shown on legal document (i.e. birth certificate, passport, change of name order, etc.) and will appear on all school Official Records

STUDENT ADDRESS INFORMATION

Home Address:				
_	Number	Street		Apt/Unit/Suite Number
City/Town			Province	Postal Code
Home Phone Nu	mber:		List	ted: Yes 🗆 No 🗆

STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

Country of Citizenship:	Province of Birth:
	(If born in Canada)
Languages Spoken (indicate all languages including E	inglish)
1)	First Language 🗆 Spoken at Home 🗆
2)	First Language 🗆 Spoken at Home 🗆
Fill in the section below <u>ONLY</u> if country of	f birth is something other than Canada
Birth Country:	Country of Last Residence:

Birth Country:	Country of Last Residence:		
Status is Canada:	Date Arrived in Canada:		

Expiry Date:

EDUCATIONAL BACKGROUND

Name of Previous School:				
Previous School Address:			Phone:	
	City/Town	Province		
Previous School Board:				
Last Date of Attendance:		Reason for Tra	nsfer:	
Has the student ever been reg	istered at a school w	ithin the Toronto Distric	t School Board?	Yes 🗆 No 🗆
If Yes, provide the name of the	school:		Last grade a	ttended:
Has the student previously reco Type of program (ifknow	•	on Support? Yes 🗆		

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Is the student currently under suspension from any scho	ool or b	oard?		Yes 🗆 No 🗆
Is the student currently under expulsion from any school	ol or bo	ard?		Yes 🗆 No 🗆
FOR SECONDARY SCHOOL USE ONLY:				
Previous Community Service Hours completed outside T	oronto	District Schoo	l Board:	hours
Grade 10 Literacy Test successfully completed (please provided of the second se	le proof oj	fresults) Yes 🗆	No 🗆	
First Entered ONTARIO Secondary Schools after Grade 9	Yes 🗆] No 🗆		Cohort Year:
MEDICAL INFORMATION				
Health Card No. 🔄 📋 📋 📋 📋 📋		(Version N	0.) (optional but recommende	d)
Medical Conditions:				
If your child has medical needs or conditions of which th	ie scho	ol should be a	ware, please describe	^{e the} Life Threatening
condition(s) below:				Yes 🗆 No 🗆
SIBLING INFORMATION (if the student has brothers or s	isters in tl	his school, please inc	licate)	
Surname (1):	S	Surname (2):		
First Name (1):				
PARENT/LEGAL GUARDIAN CONTACT IN	FORM	IATION		
CONTACT 1				
Surname:	First N	lame:		Male 🛛 Female 🗆
Relationship to student:		Emergency pr	iority: 1 2 3 4 Schoo	I Closure priority: 1 2 34 rity, 4=low priority
Home Phone Number:			circle your choice. 1-mgn pho	ity, 4–10w priority
Business Phone Number:		Check all app	licable boxes	
Cell Phone Number:		Has Access	Legal Guardian 🛛	Receives Mail
Email Address [*] :		to Student	Has Custody	Has Access to Records
CASL 🗆		Yes 🗆 No 🗆	Lives with student 🗆	Speaks English 🗆
Home Mailing Address (complete if different than student's)				
Number Street City/	/Town		Province	Postal Code
CONTACT 2				
	First N	lame:		Male 🗆 Female 🗆
Relationship to student:				l Closure priority: 1 2 34
Home Phone Number:		0 /1	circle your choice: 1=high prior	rity, 4=low priority
		Check all app	licable boxes	
Business Phone Number: Cell Phone Number:		Has Access	Legal Guardian 🗆	Receives Mail
Email Address [*] :		to Student	Has Custody 🗆	Has Access to Records
CASL 🗆		Yes 🗆 No 🗆	Lives with student \Box	Speaks English 🗆
Home Mailing Address (complete if different than student's)				
Number Street City;	Town		Province	Postal Code

EMERGENCY CONTACT INFORMATIO	ON (If parent/auardian cannot be reached)	Page
CONTACT 1		
Surname:	First Name:	Male 🛛 Female 🗆
Relationship to student:	Emergency priority:	1 2 3 4 School Closure priority: 1 2 3 4 ur choice: 1=high priority, 4=low priority
Home Phone Number: Business Phone Number:		a choice. 1-nigh phoney, 4-low phoney
CONTACT 2		
	First Name	Male 🗆 Female 🗆
Surname: Relationship to student:	Emergency priority:	1234 School Closure priority: 1234
Home Phone Number:	circle yo	ur choice: 1=high priority, 4=low priority
Business Phone Number:		
INDIGENOUS STUDENT SELF-IDEN	TIFICATION	
All parents/guardians of Indigenous students, and studientify. Please check the most appropriate single bo		
First Nation Ancestry (Status or non-Status) Métis Ancestry IIII Inuit Ancestry		person outside of Canada 🗆
ADDITIONAL STUDENT INFORMATI	ON (if required for school)	
All information provided above is correct and tru	ue. All admissions are conditional po	ending receipt of required
All information provided above is correct and tru documentation.	ue. All admissions are conditional po	ending receipt of required
	ue. All admissions are conditional po	ending receipt of required
documentation.	nority of the <i>Education Act</i> , R.S.O. 1990, c.E. sed by School Administration in the creation be shared with local public health authoritie pdated annually. Questions or concerns about th	yyyy/mm/dd 2 and the <i>Municipal Freedom of Information and</i> of the Emergency Calling Network and for school s. All personal information collected on this form