



NIAGARA CATHOLIC
DISTRICT SCHOOL BOARD

ELEMENTARY STUDENT REGISTRATION FORM

CONFIDENTIAL

Reset Form

Personal information on this form is collected under the legal authority of the Education Act, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Health Information Protection Act (PHIPA). The information collected on this form will be used to establish the Ontario Student Record, and to plan and deliver educational programs and services, including transportation. Information collected may be used for research and statistical activities. Student information is released to the Regional Health Unit in accordance with the Health Protection and Promotion Act and the Immunization of School Pupils Act. Questions about this collection should be directed to the Office of the Privacy and Risk Advisor, Niagara Catholic District School Board, 427 Rice Road, Welland, ON L3C 7C1 Tel: 905-735-0240

| SCHOOL USE ONLY | | | |
|-------------------|-------------|-----------------|-----------------------------|
| School Name & No. | Grade Level | Class/Home Room | Entry Date (Month/Day/Year) |

| | | | | | |
|------------------------------|---|------------------------------|--|---------|-------------------------------------|
| Form verified by (Secretary) | | Form approved by (Principal) | | Initial | Verified Proof of Address |
| Initial | Verified Baptismal Certificate & Birth Certificate | Initial | Verified Confidential Student Immunization Form Completed & Copy of Immunization Record Attached | Initial | Verified Completion of Consent Form |
| Initial | Verified Application for Direction of School Support Form Completed | Initial | Verified Approved Request for Admission Form Received (if applicable) | Initial | Verified OEN Data on OEN Site |

| | | |
|---|--------------------------|------------------------------|
| Legal Surname | Given Name | Middle Name(s) |
| Preferred Surname | Usual Name | Gender Male Female |
| Birthdate (month/day/year) | Grade at previous school | |
| Previous school name & address | | |
| Has your child previously attended a Niagara Catholic school? | Yes No | If yes, name of school(s) |
| Does this student have any siblings attending this school? | Yes No | If yes, please name them |
| Student Address - Street Number & Name | | Apart./Unit No. |
| City | Province | Postal Code |
| Rural Route/P.O. Box | Student Email Address | |
| Township/Municipality to whom property taxes are paid | Home Phone | Unlisted |

| | | |
|---|---------------------------|-------------|
| IPRC Information: Has this student been declared "exceptional" through an Identification Placement and Review Committee (IPRC)? | Yes | No |
| If YES, please specify | Is the student on an IEP? | Yes No |

| SPECIAL CUSTODY | Copy and include in OSR | | | | |
|--|------------------------------------|--------|--------|----------------|-------|
| Does the student have a Special Custody arrangement? | Yes | No | | | |
| If yes, who has legal custody? | Both Parents | Mother | Father | Legal Guardian | Other |
| Student Lives With | Who Has Been Granted Legal Access? | | | | |

| FAMILY CONTACTS | | | | | | |
|---|--|---------------|-----|------|-----------------------|-----|
| 1. Parent/Guardian's Surname | Given Name | Mrs. | Ms. | Miss | Mr. | Dr. |
| Relationship to Student | Emergency Contact Order (Please select order preference) | 1 | 2 | 3 | 4 | 5 |
| Employer | Work Phone & Ext. | | | | | |
| Home Phone | Unlisted Cell Phone | Email address | | | | |
| Parent/Guardian's Address (if different from student) | Street Number & Name | | | | Apart./Unit No. | |
| City | Province | Postal Code | | | Rural Route, P.O. Box | |
| 2. Parent/Guardian's Surname | Given Name | Mrs. | Ms. | Miss | Mr. | Dr. |
| Relationship to Student | Emergency Contact Order (Please select order preference) | 1 | 2 | 3 | 4 | 5 |
| Employer | Work Phone & Ext. | | | | | |
| Home Phone | Unlisted Cell Phone | Email address | | | | |
| Parent/Guardian's Address (if different from student) | Street Number & Name | | | | Apart./Unit No. | |
| City | Province | Postal Code | | | Rural Route, P.O. Box | |

| EMERGENCY CONTACTS | | | | | | | Individuals to be contacted in the event the parent/guardian cannot be reached | | | | |
|-------------------------------------|--|--|--|---------------|------|-----------------|--|-----|-----|--|--|
| 3. Emergency Contact Surname | | Given Name | | | Mrs. | Ms. | Miss | Mr. | Dr. | | |
| Relationship to Student | | Emergency Contact Order (Please select order preference) | | | 1 | 2 | 3 | 4 | 5 | | |
| Home Phone | | Cell Phone | | Email address | | | | | | | |
| Address (if different from student) | | Street Number & Name | | | | Apart./Unit No. | | | | | |
| City | | Province | | Postal Code | | | Rural Route, P.O. Box | | | | |

| | | | | | | | | | | | |
|-------------------------------------|--|--|--|---------------|------|-----------------|-----------------------|-----|-----|--|--|
| 4. Emergency Contact Surname | | Given Name | | | Mrs. | Ms. | Miss | Mr. | Dr. | | |
| Relationship to Student | | Emergency Contact Order (Please select order preference) | | | 1 | 2 | 3 | 4 | 5 | | |
| Home Phone | | Cell Phone | | Email address | | | | | | | |
| Address (if different from student) | | Street Number & Name | | | | Apart./Unit No. | | | | | |
| City | | Province | | Postal Code | | | Rural Route, P.O. Box | | | | |

| | | | | | | | | | | | |
|-------------------------------------|--|--|--|---------------|------|-----------------|-----------------------|-----|-----|--|--|
| 5. Sitter Contact Surname | | Given Name | | | Mrs. | Ms. | Miss | Mr. | Dr. | | |
| Relationship to Student | | Emergency Contact Order (Please select order preference) | | | 1 | 2 | 3 | 4 | 5 | | |
| Home Phone | | Cell Phone | | Email address | | | | | | | |
| Address (if different from student) | | Street Number & Name | | | | Apart./Unit No. | | | | | |
| City | | Province | | Postal Code | | | Rural Route, P.O. Box | | | | |

If school closed due to inclement weather or other emergency, please check name of **one** individual to be contacted.

1. Parent/Guardian 2. Parent/Guardian 3. Emergency Contact 4. Emergency Contact 5. Sitter

| HEALTH | | | | | | | | | | | | |
|---|--|--|------------------|--|----|------------------------|-----------------|--|----------------|-----|--|----|
| Has your child had any ongoing health problems or concerns? PLEASE CHECK | | | | | | | | | | | | |
| Ear Infections | | | Blind/Low Vision | | | Food Allergies | | | Wheelchair | | | |
| Deaf/Hard of Hearing | | | Wears Glasses | | | Insect Sting Allergies | | | Walker | | | |
| Wears Hearing Aid | | | Diabetes | | | Asthma | | | Crutches | | | |
| Heart Trouble | | | Convulsions | | | Anaphylactic | | | Service Animal | | | |
| Epinephrine Autoinjector | | | Yes | | No | | Other Allergies | | | | | |
| Does your child have any other medical concerns or special education needs of which the classroom teacher/school nurse or transportation provider should be aware? If YES, describe in detail | | | | | | | | | | Yes | | No |

| ENROLMENT | | | | | | | | | | | | | | | | |
|---|--|-------------------|---|-----------------------|-------|-------------------------------|----------------|--|--|-------------------------------|------------------------------|-----|-----|-----|----|----|
| Student's Country of Birth | | | Date Entered Canada | | | First Language Spoken at Home | | | Proof of Birth Country Verified | | | Yes | | No | | |
| Citizenship | | Canadian Citizen | | Permanent Resident | | | Refugee Status | | | Proof of Citizenship Verified | | | Yes | | No | |
| Other (specify) | | | | | | | | | | | | | | | | |
| Voluntary First Nation, Métis and Inuit Student Self-Identification | | | Parents/guardians and students who are 18 years and older have the right to voluntarily and confidentially self-identify their Aboriginal ancestry. The information provided will help the Ministry, school boards and schools develop and enhance programs and allocate resources for First Nation, Metis and Inuit student success. | | | | | | Enter Data in Maplewood Aboriginal Self ID field | | | | | | | |
| First Nation | | | Metis | | Inuit | | | | | | | | | | | |
| Student Born in Canada - Province of Birth | | | | | | | | | Province of Birth Verified | | | Yes | | No | | |
| Proof of Birth Date | | Birth Certificate | | Baptismal Certificate | | | Passport | | Other | | Proof of Birth Date Verified | | | Yes | | No |
| Student's Religion | | | Name of Parish | | | Address of Parish | | | Baptismal Certificate Verified | | | Yes | | No | | |
| Mother's Religion | | | Name of Parish | | | Address of Parish | | | Baptismal Certificate Verified (if necessary) | | | Yes | | No | | |
| Father's Religion | | | Name of Parish | | | Address of Parish | | | Baptismal Certificate Verified (if necessary) | | | Yes | | No | | |

| TRANSPORTATION | | | | | | | | | | | |
|--|--|--------------|--|------------------|--|----|--|--|--|--|--|
| TO BE COMPLETED BY SCHOOL SECRETARY | | | | | | | | | | | |
| Eligible for Bus Transportation? | | | | Yes | | No | | Confirm 4 Character Township Code Entered in Maplewood | | | |
| PLEASE NOTE: Transportation needs to be consistent 5 days a week | | | | | | | | | | | |
| Pick up location (Inbound) | | Home Address | | Sitter's Address | | | | | | | |
| Other Address (within the school boundary) | | | | | | | | | | | |
| Pick up Location (Outbound) | | Home Address | | Sitter's Address | | | | | | | |
| Other Address (within the school boundary) | | | | | | | | | | | |

| CERTIFICATION | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|------|--|--|
| This is to certify that the information provided in this form is complete and correct. | | | | | | | | | | | |
| Parent/Guardian Signature | | | | | | | | | Date | | |