

# SECONDARY 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 <span style="float: right;">Copy and include in OSR</span>					
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. 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				

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. Emergency Contact

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 problems or special education needs of which the classroom teacher/school nurse or transportation provider should be aware?										Yes		No
If YES, describe in detail												

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		
		Other (specify)								Yes		No
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		Other Address (within the school boundary)							
Pick up Location (Outbound)		Home 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

## SECONDARY STUDENT REGISTRATION FORM

Parents/Guardians are asked to read and sign the consent form.

I support that my child's registration (*name of student*) at (*name of school*) is predicated upon my support for the values and philosophy of the Niagara Catholic District School Board.

Students who qualify for graduation will be invited by the Principal to participate in faith-based secondary Catholic graduation ceremonies providing they meet all of the Ministry of Education, Board and school-based graduation expectations. The expectations include, but are not limited to, participation in religious education and faith life activities, being a student in good standing and fulfilling the Ontario Catholic School Graduate Expectations as endorsed by the Niagara Catholic District School Board.

I also give permission for my child to participate in co-curricular activities. If I withdraw their permission, a letter will be sent to the Principal of the school.

I further understand that it is the recommendation of the school and my responsibility, to enroll my child in the Student Accident Insurance Plan. If I choose not to purchase the insurance, I am confirming that I carry adequate insurance protection for my child.

I hereby grant permission for school officials, when necessary, to transport my child/student to school activities or to the hospital in the case of injury, when I cannot be reached.

I give permission for my child's photograph to be used for publication. If the release of student name, photo, video image, audio record and/or accomplishments is not to be permitted for school, Board or media publications and/or Board/school websites, I will notify the Principal of the school in writing before the first day of school.

I consent to receive electronic/phone communications from the school/Board which may also be for fundraising purposes.

If your child is transferring from another school, the school principal or vice-principal may have a need to contact the previous school's administration and discuss personal information related to your child's education.

I, being the parent/legal guardian of the student named, understand how my child's personal information may be used and I voluntarily give my permission to use my child's personal information as described above.

Please contact the school Principal if there are any questions or concerns.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date