



NIAGARA CATHOLIC
DISTRICT SCHOOL BOARD

SECONDARY STUDENT REGISTRATION FORM

CONFIDENTIAL

Personal information on this form is collected under the authority of the Education Act, and will be used for the Ontario Student Record, Transportation Services and for administrative purposes. Questions about this collection should be directed to the Student Information and Administrative Services Department, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1 (905) 735-0240

SCHOOL USE ONLY

School Name & No.		Grade Level	Class/Home Room	Entry Date <small>Month Day Year</small>
Form Verified By (Secretary)		Form Approved by (Principal)		Initial <input type="checkbox"/> Verified Proof of Address
Initial <input type="checkbox"/> Verified Baptismal Certificate & Birth Certificate	Initial <input type="checkbox"/> Verified Confidential Student Immunization Form Completed & Copy of Immunization Record Attached	Initial <input type="checkbox"/> Verified Completion of Consent Form		
Initial <input type="checkbox"/> Verified Application for Direction of School Support Form Completed	Initial <input type="checkbox"/> Verified Approved Request for Admission Form Received (if applicable)	Initial <input type="checkbox"/> Verified OEN data on OEN site		
Legal Surname		Given Name		Middle Name(s)
Prefered Surname		Usual Name		
Birthdate <small>Month Day Year</small>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Grade Level at Previous School	Previous School Name	Previous School Address		
Has Your Child Previously attended a Niagara Catholic School ?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, name of school(s)
Does this student have any sibling(s) attending this school?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please name them:
Student Address		Street Number & Name		Apart./Unit No.
City	Province	Postal Code	Rural Route P.O. Box	
Home Phone () <input type="checkbox"/> Unlisted	Student Email address		Township/Municipality to whom Property Taxes are paid	
IPRC Information				
Has this student been declared "exceptional" through an Identification Placement and Review Committee? (IPRC)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please specify: _____		Is student on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SPECIAL CUSTODY

Does the student have a Special Custody arrangement?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, who has legal custody?		<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
Student Lives With		Who Has Been Granted Legal Access?	

FAMILY /CONTACTS

1. Parent/Guardian's Surname		Given Name		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.
Relationship to student	Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Employer		Work Phone () Ext.		
Home Phone () <input type="checkbox"/> 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		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.
Relationship to student	Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Employer		Work Phone () Ext.		
Home Phone () <input type="checkbox"/> 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 **Individuals to be contacted in the event the parent/guardian cannot be reached**

1. Emergency Contact Surname:		Given Name:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Relationship to Student:		Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Home Phone:		Cell Phone:		Email:	
Address (if different from student) Street Number & Name:				Apartment/Unit No:	
City:		Province:		Postal Code:	
Rural Route P.O. Box:		Rural Route P.O. Box:		Rural Route P.O. Box:	
2. Emergency Contact Surname:		Given Name:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Relationship to Student:		Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Home Phone:		Cell Phone:		Email:	
Address (if different from student) Street Number & Name:				Apartment/Unit No:	
City:		Province:		Postal Code:	
Rural Route P.O. Box:		Rural Route P.O. Box:		Rural Route P.O. Box:	
Sitter Surname:		Given Name:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Home Phone:		Cell Phone:		Email:	
Address:				Apartment/Unit No:	
City:		Province:		Postal Code:	
Rural Route P.O. Box:		Rural Route P.O. Box:		Rural Route P.O. Box:	
If school closed due to inclement weather or other emergency, please check name of one individual to be contacted:					
<input type="checkbox"/> 1. Parent/Guardian		<input type="checkbox"/> 2. Parent/Guardian		<input type="checkbox"/> 1. Emergency Contact	
				<input type="checkbox"/> 2. Emergency Contact	
				<input type="checkbox"/> Sitter	
Doctor's Name				Health Card #:	

HEALTH

Has your child had any ongoing health problems or concerns? PLEASE CHECK

<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Blind/Low Vision	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Insect Sting Allergies	<input type="checkbox"/> Walker
<input type="checkbox"/> Wears Hearing Aid	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Crutches
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Other Allergies	<input type="checkbox"/> Service Animal

Epinephrine Autoinjector Yes No Anaphylactic

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 <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Status <input type="checkbox"/> Other <input type="checkbox"/> (specify)			Proof of Citizenship Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Voluntary First Nation, Métis and Inuit Student Self-Identification <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		The information is collected in accordance with Municipal Freedom of Information and Protection of Privacy Act. The information provided will help the Ministry, school boards and schools develop programs and allocate resources for First Nation, Metis and Inuit student success.		Enter data in Maplewood Aboriginal Self ID field
Student born in Canada - Province of Birth			Verified Province of Birth <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Birth Date Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/>		Proof of Birth Date Verified <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student's Religion	Name of Parish	Address of Parish		Baptismal Certificate Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Religion	Name of Parish	Address of Parish		Baptismal Certificate Verified (if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Religion	Name of Parish	Address of Parish		Baptismal Certificate Verified (if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> 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 school boundary) _____

Drop Off Location (Outbound) Home Address Sitter's Address
 Other Address (within 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 check each box indicating consent for the following and sign at the bottom of the page.

I support that my son's/daughter's registration at _____(name of school) is predicated upon my support for the values and philosophy of the Niagara Catholic District School Board, my support of the Policies and Guidelines of the Niagara Catholic District School Board, and my support of the Religious celebrations and activities in the school. All students are required to successfully complete a religious education credit course for each year of enrolment in high school from Grades 9 to 12, participate in Religious celebrations and activities, fulfill the requirements of the Ontario Catholic School Graduate Expectations and the Niagara Catholic District School Board, in order to fully participate in the faith based graduation ceremony.

I also give permission for my son/daughter to participate in co-curricular activities. If I withdraw this permission, a letter will be sent to the Principal.

I further understand that it is the recommendation of _____(name of school) and my responsibility, to enroll my son/daughter in the Student Accident Insurance Plan. If I choose not to purchase the insurance, I carry adequate insurance protection for my son/daughter.

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

I give permission for my son's/daughter'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 website, I will notify the Principal in writing before the first day of school.

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

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

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date