



STUDENT APPLICATION FORM

The information collected on this form will be stored in the Ontario Student Record (OSR) and be the basis of communication between the school and home.

PLEASE PRINT

STUDENT INFORMATION						
Last Name:		First Name:		Middle Name:		
Preferred Name:		Student Email:		Home Phone:		
Date of Birth: ____/____/____ YYYY MM DD		Country of Birth:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Street #:	Street Name:	Apt. #	City/Town:	Province: Ontario	Postal Code	
First Language:			Language(s) Spoken at Home (circle main language):			
Birth Verification: <input type="checkbox"/> Birth Certificate/Statement of Live Birth/Birth Registration <input type="checkbox"/> Passport <input type="checkbox"/> Refugee Claimant Form (IMM 1442) <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Card Citizenship Card <input type="checkbox"/> Record of Landing (IMM 1000) <input type="checkbox"/> Other (Please state):						
Status in Canada (Please provide an original copy of the student's status; to be stored in the OSR): <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visitor <input type="checkbox"/> Refugee <input type="checkbox"/> Parent Work Permit <input type="checkbox"/> Study Permit <input type="checkbox"/> Other (Please state):					Date of Entry in Canada ____/____/____ YY MM DD	
MEDICAL INFORMATION						
Medical Conditions (Allergies/Required Medications/Specific Health conditions/requirements etc.) - Please fill out our Medical Form and accompany any medical documents to support/assist us in your child's care:					Health Card Number:	
EDUCATIONAL BACKGROUND						
Has the student ever been identified as in need of special education? If Yes, (a copy of the IEP is required). <input type="checkbox"/> No <input type="checkbox"/> Yes If the student is identified as in need of special education and a copy of the IEP is <u>not provided</u>, then the school reserves the right to <u>decline registration</u>.						
Has your child ever been expelled from another school? <input type="checkbox"/> No <input type="checkbox"/> Yes			Is this student currently under suspension from any school? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Name of Previously Attended School:		Previous School Phone Number:		Date Last Attended Previous School ____/____/____ YY MM DD		
Previous School Type/Board: <input type="checkbox"/> Out of Country. Please state country: _____ <input type="checkbox"/> Private School <input type="checkbox"/> Home school <input type="checkbox"/> In Canada, non-Ontario. Please state province or territory: _____ <input type="checkbox"/> Ontario Public School. Please state board: _____						
Last grade completed or currently enrolled in: _____ PLEASE PROVIDE THE LAST TWO (2) ISSUED REPORT CARDS FOR ELEMENTARY STUDENTS, OR THE ONTARIO STUDENT TRANSCRIPT (OR EQUIVALENT) FOR SECONDARY STUDENTS.						
Child is under the Custody of: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please state):						



PARENT/GUARDIAN INFORMATION FORM

PARENT/GUARDIAN #1 INFORMATION					
Last Name:		First Name:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Relationship to Student (must provide proof of custody if not the parent):			Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Parent/Guardian #1 Address (if different from student)					
Street #:	Street Name:	Apt. #	City/Town:	Province: Ontario	Postal Code
Home Phone Number:			Work Phone Number:		
Cell Phone Number:			Email:		
PARENT/GUARDIAN #2 INFORMATION					
Last Name:		First Name:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Relationship to Student (must provide proof of custody if not the parent):			Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Parent/Guardian #2 Address (if different from student)					
Street #:	Street Name:	Apt. #	City/Town:	Province: Ontario	Postal Code
Home Phone Number:			Work Phone Number:		
Cell Phone Number:			Email:		
EMERGENCY CONTACT #1 INFORMATION					
Last Name:		First Name:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Relationship to Student:			Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Home Phone Number:			Work Phone Number:		
Cell Phone Number:			Email:		
EMERGENCY CONTACT #2 INFORMATION					
Last Name:		First Name:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Relationship to Student:			Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Home Phone Number:			Work Phone Number:		
Cell Phone Number:			Email:		
NOTICE TO PARENTS/GUARDIANS					
Personal information collected during registration and while attending the school are done pursuant to the Education Act. It will be used for school planning and programming, home and school communications and to establish the Ontario Student record. The Registration form is retained in the student's OSR by the registering school for 5 years (post retirement). Direct any questions about this form to the school principal.					
I herby certify that the included information is accurate to the best of my knowledge and I understand that it is my responsibility to advise the school immediately of any changes in information stated on this form.					
Date (dd/mm/yyyy):		Signature of Parent/ Guardian of Student:			