



This Section for Office Use Only

Student #	OEN#
Teacher:	Admit Date:
Grade:	
Entered in SIS:	

Elementary Student Registration Form

Information on this form will be used for home/school communications, planning and programming such as transportation, and to establish the Ontario Student Record. 1) Save this Form to your computer Desktop
2) Open using Adobe Acrobat Reader DC > File > Save (when Done)

Student Information

Legal Name - Family Name, First Name and Middle Name			
Preferred Name - Last Name, First Name			
Date of Birth: (yyyy/mm/dd)	Current Year Grade	Siblings At This School Name: _____ Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Not Disclosed <input type="radio"/> Self Identified _____		Gender Identity (Two-Spirit, Agender, Another Gender, Bigender, Gender Diverse, Genderfluid, Genderqueer, Intersex, Nonbinary, Trans Boy, Trans Feminine, Trans Girl, Trans Man, Trans Masculine, Trans Woman)	
#/Street		Unit #	City/Town
P.O. Box or RR# <input type="checkbox"/> <input type="checkbox"/>	Municipality	Postal Code	Home Phone #
Country of Birth:		Country of Last Residence:	
Province of Birth:		Arrival Date:	
Country of Citizenship:		Status In Canada:	
First Language:		Preferred Language:	
Additional Languages:			
If the student is considered to be of Indigenous ancestry, please check all categories that apply: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			

Medical Alert Information

Note: Only to be completed when a health care plan or an essential routine health plan is required, in consultation with the school Principal.

Medical Condition(s) <i>Please check all that apply.</i>	Lifesaving Medication <i>(EpiPen, Puffer, etc.)</i>	Lifesaving Medication Location(s)	Medical Alert Notes
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/>		
<input type="checkbox"/> Asthma	<input type="checkbox"/>		
<input type="checkbox"/> Diabetes	<input type="checkbox"/>		
<input type="checkbox"/> Seizures	<input type="checkbox"/>		
<input type="checkbox"/> Other:	<input type="checkbox"/>		

Parent/Legal Guardian InformationCustody Information****: Both Parents Mother Only Father Only Shared Joint Guardian C.A.S.Living With: Both Parents Mother Only Father Only Guardian Other C.A.S.

Note: ****Written Custody Agreement or Court Order should be retained in the students' OSR.

Parent/Guardian Information #1

Name - Last Name, First Name:

Relationship to Student: (Agency, Children's Aid, Daycare Provider, Foster Parent, Friend, Host Family, Legal Guardian, Neighbour, Parent, Partner, Relative, Sibling, YRDSBStaff, Other) Salutation:

Emergency Contact Priority: 1 2 3 Gender M F Not Disclosed Self Identified _____ (Two-Spirit, Agender, Another Gender, Bigender, Gender Diverse, Genderfluid, Genderqueer, Intersex, Nonbinary, Trans Boy, Trans Feminine, Trans Girl, Trans Man, Trans Masculine, Trans Woman) Gender IdentityGuardian: Custody: Lives with Student: Special Custody: Access to Records: Speaks School Language: Receives Mail: Home Phone # Priority Cell Phone # Priority

Business Phone # Extension # Email address

Address (if different from student) #/Street:

City/Town Unit # P.O. Box/RR# Municipality: Postal Code:

Parent/Guardian Information #2

Name - Last Name, First Name:

Relationship to Student: (Agency, Children's Aid, Daycare Provider, Foster Parent, Friend, Host Family, Legal Guardian, Neighbour, Parent, Partner, Relative, Sibling, YRDSBStaff, Other) Salutation:

Emergency Contact Priority: 1 2 3 Gender M F Not Disclosed Self Identified _____ (Two-Spirit, Agender, Another Gender, Bigender, Gender Diverse, Genderfluid, Genderqueer, Intersex, Nonbinary, Trans Boy, Trans Feminine, Trans Girl, Trans Man, Trans Masculine, Trans Woman) Gender IdentityGuardian: Custody: Lives with Student: Special Custody: Access to Records: Speaks School Language: Receives Mail: Home Phone # Priority Cell Phone # Priority

Business Phone # Extension # Email address

Address (if different from student) #/Street:

City/Town Unit # P.O. Box/RR# Municipality: Postal Code:

Emergency Contact Information (other than Parent)Name - Last Name, First Name Gender M FRelationship to Student: Emergency Contact Priority: 1 2 3 Home Phone # Priority Cell Phone # Priority

Business Phone # Extension # Email address

Educational Background

Has the student previously attended a YRDSB school? Yes No
 If yes, please indicate name of school:

Previous School Attended:

Address #/Street:

City:

Province/State:

Country:

Postal Code:

Previous Board Attended:

Departure Date:

Last Grade Attended:

Home School (if attending on a transfer):

Transfer Reason:

First Entry into Elementary School (yyyy/mm/dd)

Has your child previously received ESL Assistance? Yes No

Has there been SEA claim for your child? Yes No Unsure

Has your child previously received Special Education Assistance? Yes No Unsure

Student Identification Through IPRC Yes No

Student has an IEP Yes No

Has your child ever been expelled from another school? Yes No

If yes, was the student re-admitted? Yes No

Is this student currently under suspension from any school?
 Yes No

If Yes, Name of School:

Canada's Anti-Spam Legislation (CASL) Important Information to Parents/Guardians

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, lunch programs, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets and athletic events where a financial transaction is required.

Do you consent to receive electronic messages of this nature?

Parent/Guardian 1: Yes No

Parent/Guardian 2: Yes No

Note: You will continue to receive emails on all other school matters.

Notice to Parents/Guardians

Personal information is collected at registration pursuant to the *Education Act and the Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this personal information should be directed to the Privacy Office, York Region District School Board, 60 Wellington Street West, Box 40, Aurora, Ontario L4G 3H2 or (905) 727-3141, Extension 2015.

I hereby certify that the above information contained on this form is accurate. Failure to provide the required documents and/or providing information that is not true and accurate can/may result in the revocation of the child(ren)'s registration in a YRDSB school.

Signed (Parent/Guardian)

(Print Parent/Guardian Name)

Date
 yyyy/mm/dd

Click "Sign" in the toolbar at the top of the page. Then draw, type, or choose an image for your signature. Then click "Apply" to place your signature on the form.

Note: The 'Required Documentation' form MUST be signed and attached to this Registration Form then filed in the OSR and remains until 5 years post retirement for Ministry audit purposes. If student leaves YRDSB, it is removed before the OSR is sent. No identity documents are to be copied and filed in the OSR.

Office Use Only
Elementary and Secondary Registration - Required

Program: _____ Admit Date: _____ Admit Code: _____

Bussing Required: Y N

OSR Status: _____ Requested Date: _____ Received Date: _____

OEN Status: _____ Requested Date: _____ Received Date: _____

Note: No identity documents are to be copied and filed in the OSR.

Check appropriate boxes below then verify accuracy by completing the Sign Off section on page 6.

School Records

Transcript Most Recent Report Card OSSLT
 Community Involvement Hours Completed _____

Birth Verification

<input type="checkbox"/> Birth Certificate/Statement of Live Birth/Birth Registration	<input type="checkbox"/> Legal Change of Name Document
<input type="checkbox"/> Certificate of Registration of Birth Abroad	<input type="checkbox"/> Marriage Certificate or Marriage Registration
<input type="checkbox"/> Notice of Decision from IRCC	<input type="checkbox"/> Divorce Decree
<input type="checkbox"/> Refugee Claimant Form (IMM 1442)	<input type="checkbox"/> Passport/Study Permit/Visitor Record
<input type="checkbox"/> Canadian Refugee Certificate of Identity	<input type="checkbox"/> Visa - Student
<input type="checkbox"/> Canadian Refugee Travel Document	<input type="checkbox"/> Visa - Other
<input type="checkbox"/> Permanent Resident Card (PRC) (Maple Leaf Card)	<input type="checkbox"/> Citizenship Card/Certificate of Canadian Citizenship
<input type="checkbox"/> Record of Landing (IMM 1000)	<input type="checkbox"/> Certificate of Indian Status
<input type="checkbox"/> Permit to come into and remain in Canada	<input type="checkbox"/> Immigration Papers, Specify: _____
<input type="checkbox"/> Adoption Papers	<input type="checkbox"/> Other
<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Not Available

Proof of Residency

Property Tax Bill/MPAC Tax Roll # _____ Rental/Lease Agreement Utility Bill
 Agreement of Purchase and Sale Other:* _____

***Documents NOT Acceptable - Bank/Credit Card Statement, Cell Phone Bill, Driver's License**

Citizenship and Immigrations Papers

Canadian Citizen

Certificate of Canadian Citizenship Date (stamped date on document): _____
(yyyy\mm\dd)

Permanent Resident (check one)

Parent/Guardian Student (if an adult) Date became a permanent resident: _____
(yyyy\mm\dd)

Stage 1 Approval Letter Stage 1 Approval Letter Date: _____
(yyyy\mm\dd)

Permanent Resident Card Permanent Resident Card Date: _____
(yyyy\mm\dd)

Confirmation of Permanent Resident Document Confirmation of Permanent Resident Document Date: _____
(yyyy\mm\dd)

Equivalent Documentation from Immigration, Refugees, and Citizenship Canada (IRCC) confirming approval in principle (specify below type of document with date)
Type of Document Reviewed: _____
Date: _____
(yyyy\mm\dd)

Refugee Status

Canadian Refugee Travel Date of Entry (stamped date on document): _____
(yyyy\mm\dd)

Notice of Decision from IRCC Date of Entry (stamped date on document): _____
(yyyy\mm\dd)

Other Documentation from IRCC confirm Refugee Status Date of Entry (stamped date on document): _____
(yyyy\mm\dd)

Refugee Protection Claimant Document Date of Entry (stamped date on document): _____
(yyyy\mm\dd)

Consideration of Eligibility (Convention Refugee) Date of Entry (stamped date on document): _____
(yyyy\mm\dd)

Parent's Study Permit

Parent's Acceptance Letter confirming the parent will be a full-time student at a qualified university, college, or institution in Ontario (retain copy in child's OSR)

Parent Study Permit

Parent's Study Permit valid from: _____ to _____
(yyyy\mm\dd) (yyyy\mm\dd)

Verify below that the parent is a full-time student enrolled in a program that leads to graduation with a postsecondary certificate, diploma or degree (check one): Certificate Diploma Degree

Parent's Work Permit Documentation from IRCC confirming approval of Work Permit (i.e. actual work permit to be issued at a later date) Parent Work PermitWork Permit valid from: _____ to _____
(yyyy\mm\dd) (yyyy\mm\dd)**Student's Study Permit ***** Student Study Permit (Parent's work permit to be issued at a later date)Study Permit valid from: _____ to _____
(yyyy\mm\dd) (yyyy\mm\dd)

Note: ***This student study permit is given to a child accompanying their parent on a work permit to Ontario.

Other Minister's Permit to Come into/Remain in Canada Student Study Permit/ Visitor Record (fee paying) Expiry Date _____
(yyyy\mm\dd)**Confirmation of Documentation and Student Eligibility for ESL/PANA Funding**Country of Birth: _____ Citizen of: _____
Original Date of First Entry into Canada: _____
(yyyy\mm\dd)

- Verified Canadian Stamped date of Entry on passport
- Confirmation of Permanent Residence Form 5292
(Box 36 - Original Date of Entry and Box 45 - Date became a Permanent Resident)
- Permanent Resident Card (original date of entry)
- Consideration of Eligibility - Convention Refugees - Date stamped

Special Custody or Guardianship Yes Copy of Family Court Order filed in OSR**Tax Support** Public Separate Direction of School Support Form completed and filed in OSR. (only required for new students) Permission to Attend Form**ESL/ELD and Special Education**ESL/ELD Status: _____ Special Education: _____ Alternative Program Yes
Level: _____ Student has IEP: Yes French Immersion Yes**Sign Off This form is to be completed and attached to the Registration Form.**Documentation Verified by: _____ Date: _____
Registration Entered By: _____ Date: _____**Note: The 'Required Documentation' form MUST be signed and attached to this Registration Form then filed in the OSR and remains until 5 years post retirement for Ministry audit purposes. If student leaves YRDSB, it is removed before the OSR is sent. No identity documents are to be copied and filed in the OSR.**