

**THE HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD  
STUDENT REGISTRATION AND INFORMATION**

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student #: \_\_\_\_\_

OEN# \_\_\_\_\_

Home Room: \_\_\_\_\_

The following information will be used by school staff members to establish or update the student's Ontario Student Record (OSR) and the office index card, which District School Boards are required to maintain throughout elementary and secondary school, and to provide for contact in case of an emergency. Pertinent data will be shared with the administrative staff (eg Transportation Department), as necessary. Parents/guardians/adult students need to inform the student's school of any changes in this information. This personal information is being collected and will be maintained in keeping with freedom of information and privacy legislation. It may be accessed by the student and the parent/guardian of a student under 18 years of age, as well as by school staff.

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Unlisted? \_\_\_\_\_  
DD-MMM-YYYY (including area code)

Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Apt. # Street # Street Name (if different from address at left) Rural Route PO Box #

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Proof of Address: \_\_\_\_\_ Out of Catchment: Yes \_\_\_\_\_ No \_\_\_\_\_ Permission to Publish Photo/Video: Yes \_\_\_\_\_ No \_\_\_\_\_  
(Release of Information)

Previous School: \_\_\_\_\_ Eng \_\_\_\_\_ Fr \_\_\_\_\_  
Name Address City/Town Province School Board

Admission Date: \_\_\_\_\_ Proof of Age: Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Registration of Birth \_\_\_\_\_ Other \_\_\_\_\_  
DD-MMM-YYYY

Registration Date: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Province of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
(first day physically present)

Immigration Status: Student Visa \_\_\_\_\_ Other Visa \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Refugee Status \_\_\_\_\_ Citizen of: \_\_\_\_\_

Date of Entry to Canada: \_\_\_\_\_ First Language: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_ Language Used: \_\_\_\_\_  
DD-MMM-YYYY

Custody: Copy of Custody Documentation for OSR Yes \_\_\_\_\_ No \_\_\_\_\_

Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Guardian \_\_\_\_\_ Living With: Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Agency Support: \_\_\_\_\_  
Agency Contact Worker Phone (including area code and extension)

Father: \_\_\_\_\_ Workplace: \_\_\_\_\_  
Last Name First Name Address if different from Student Employer Phone (including area code)

Mother: \_\_\_\_\_ Workplace: \_\_\_\_\_  
Last Name First Name Address if different from Student Employer Phone (including area code)

Guardian: \_\_\_\_\_ Workplace: \_\_\_\_\_  
Last Name First Name Address if different from Student Employer Phone (including area code)

Parent/Guardian E-mail: \_\_\_\_\_

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Emergency contacts (if parent/guardian cannot be reached): Can pick up Student: Yes \_\_\_ No \_\_\_

Last Name	First Name	Relationship	Address	Home & Work Phone (including area code)

Doctor: \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (including area code) \_\_\_\_\_

Dentist: \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (including area code) \_\_\_\_\_

Medical Concerns: \_\_\_\_\_  
 \_\_\_\_\_ Life Threatening: Yes \_\_\_ No \_\_\_

Ontario Health Card Number: \_\_\_\_\_ Consent Form for medication attached: Yes \_\_\_ No \_\_\_

Ongoing Prescription: Yes \_\_\_ No \_\_\_ If Yes, Name of Medication: \_\_\_\_\_ School to Administer: Yes \_\_\_ No \_\_\_

Attends Daycare on School Site: Yes \_\_\_ No \_\_\_  
 Attends After School Program on School Site: Yes \_\_\_ No \_\_\_  
 Attends Alternate Daycare or After School Program: Name of Daycare or Provider: \_\_\_\_\_

**Other Children in this student's family attending schools within The Hamilton-Wentworth District School Board**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 DD-MMM-YYYY

Name: \_\_\_\_\_ School: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 DD-MMM-YYYY

Name: \_\_\_\_\_ School: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Pre-School Children at Home or at Pre-School:**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 DD-MMM-YYYY

Name: \_\_\_\_\_ School: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 DD-MMM-YYYY

I hereby release the above information to The Hamilton-Wentworth District School Board for the uses noted. In addition, I certify that I am the parent or legal guardian of the above student or am an adult student, and the information is correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print) DD-MMM-YYYY

If the school has an emergency contact system (e.g. telephone fan-out system for early school closure, field trip emergency contact, etc.), I hereby consent to have the Principal release necessary information, such as names and telephone numbers given above, to anyone directly involved in that system.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print) DD-MMM-YYYY