



# HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

## STUDENT REGISTRATION AND INFORMATION FORM

*For HWDSB STAFF INPUT ONLY:*

Student #: \_\_\_\_\_  
 Grade #: \_\_\_\_\_  
 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.

School: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Sex: \_\_\_\_ Birth Date: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Unlisted?: \_\_\_\_\_  
DD-MMM-YYYY PLEASE INCLUDE AREA CODE  
 Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
APT.# STREET # STREET NAME (IF DIFFERENT FROM ADDRESS AT LEFT) RURAL ROUTE P.O. BOX #  
CITY/TOWN PROVINCE 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: \_\_\_\_\_ English: French:  
NAME ADDRESS CITY/TOWN PROVINCE SCHOOL BOARD

Admission Date: \_\_\_\_\_ Proof of Age: Birth Certificate: Registration of Birth: Other:  
DD-MMM-YYYY  
 Registration Date: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Province of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
(FIRST DAY PHYSICALLY PRESENT)

IF COUNTRY OF BIRTH LISTED IS NOT CANADA, OR IF LANGUAGES OTHER THAN ENGLISH ARE SPOKEN AT HOME, PLEASE FILL OUT THIS SECTION:

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: \_\_\_\_\_

CUSTODY: Copy of Custody Documentation for OSR: Yes: No:

**Custody:** Both Parents: Father Only: Mother Only: Guardian: **Living With:** Both Parents: Father Only: Mother Only: Guardian:

Agency Support: \_\_\_\_\_  
AGENCY NAME CONTACT WORKER HOME & WORK PHONE (INCLUDING AREA CODE)  
 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 email address: \_\_\_\_\_

# HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD - STUDENT REGISTRATION AND INFORMATION FORM

Emergency contacts (if parent/guardian cannot be reached):

LAST NAME	FIRST NAME	RELATIONSHIP	ADDRESS	HOME & WORK PHONE (INCLUDING AREA CODE)
LAST NAME	FIRST NAME	RELATIONSHIP	ADDRESS	HOME & WORK PHONE (INCLUDING AREA CODE)

Can pick up child: Yes:      No:

Can pick up child: Yes:      No:

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 Hamilton-Wentworth District School Board

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

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

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

Preschool 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 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: \_\_\_\_\_

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: \_\_\_\_\_