

School: _____

THE HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD
STUDENT REGISTRATION AND INFORMATION

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: _____

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