



HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD STUDENT REGISTRATION AND INFORMATION FORM

For HWDSB STAFF INPUT ONLY:

Student #:	_____
OEN #:	_____
Grade #:	_____ Home Room: _____

The following information will be used by school staff members to establish or update the students' 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 emergency. Pertinent data will be shared with the administration 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: _____
 Gender: _____ Birth Date: _____ Preferred Name: _____ Phone: (____) _____ Unlisted?
DD-MM-YYYY PLEASE INCLUDE 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: _____ English French
NAME ADDRESS CITY/TOWN PROVINCE SCHOOL BOARD

Admission Date: _____ Proof of Age: Birth Certificate Baptismal Certificate Registration of Birth Other
DD-MM-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-MM-YYYY

Aboriginal Ancestry: First Nation (Status/Non-Status) Métis Inuit

CUSTODY: Copy of Custody Documentation for OSR YES NO Both Parents Father Only Mother Only Guardian
 Living With: Both Parents Details: _____ Father Only Mother Only Guardian

Agency Support: _____ Crown Ward: YES
AGENCY NAME CONTACT WORKER PHONE (including area code and extension)

PARENT 1 _____ Workplace: _____
LAST NAME FIRST NAME ADDRESS (if different from Student) EMPLOYER PHONE (including area code)
 Cell Phone: _____ E-Mail: _____

PARENT 2 _____ Workplace: _____
LAST NAME FIRST NAME ADDRESS (if different from Student) EMPLOYER PHONE (including area code)
 Cell Phone: _____ E-Mail: _____

GUARDIAN _____ Workplace: _____
 LAST NAME FIRST NAME ADDRESS (if different from Student) EMPLOYER PHONE (including area code)
 Cell Phone: _____ E-Mail: _____

EMERGENCY CONTACTS (if parent/guardian cannot be reached):

 LAST NAME FIRST NAME RELATIONSHIP ADDRESS HOME, WORK, CELL PHONE (including area code)

Permission to pick up student:
 YES NO

 LAST NAME FIRST NAME RELATIONSHIP ADDRESS HOME, WORK, CELL PHONE (including area code)

Permission to pick up student
 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 YES NO

Name of Daycare Provider: _____

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

Name: _____ School: _____ Birthdate: _____ (DD-MM-YYYY)

Name: _____ School: _____ Birthdate: _____ (DD-MM-YYYY)

Name: _____ School: _____ Birthdate: _____ (DD-MM-YYYY)

Pre-School Children at Home or at Pre-School

Name: _____ School: _____ Birthdate: _____ (DD-MM-YYYY)

Name: _____ School: _____ Birthdate: _____ (DD-MM-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: _____