



# STUDENT REGISTRATION AND INFORMATION FORM

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

[OFFICE USE]:  
Start Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_

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

Welcome to Hamilton-Wentworth District School Board [HWDSB]. To register, the legal parent or guardian (or the student if 16-17 years old and self-supporting or 18+ years old) is required to provide information to the school by completing this form. Please ensure that you complete all sections and provide the school with all of the original documentation required.

## Notice of Collection and Use of Personal Information

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used to establish the Ontario Student Record [OSR], and for student and education related purposes such as registration, administration, communication, data reporting, and Student Transportation Services. Student information such as name, date of birth, and contact information is released to the Regional Health Units in accordance with the Health Protection and Promotions Act and the Immunization of School Pupils Act. Student information is used by the Ontario Ministry of Education and by EQAO [Education Quality and Accountability Office] for education related purposes. Questions or concerns should be directed to the school principal.

### FULL LEGAL NAME of STUDENT TO BE REGISTERED:

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

### STUDENT ENROLMENT SUMMARY

PREFERRED NAME (if different from above)		GENDER <input type="radio"/> F-female <input type="radio"/> M-male <input type="radio"/> X-non-binary	BIRTH DATE - MM/DD/YYYY	Student is self-supporting minor (age 16-17) or age 18+? <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/>
MAIN PHONE # (the number the school will call first) ( )	Did student attend a school in HWDSB in the past? <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/>	Is student currently expelled from previous school? <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/>	Does student have an IEP (Individual Education Plan)? <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/>	Does student have a serious medical condition? <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/>
PREVIOUS SCHOOL DETAILS (School Name, Board Name, Location, Phone Number)			LANGUAGE OF INSTRUCTION AT PREVIOUS SCHOOL	
STUDENT STATUS: Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Refugee <input type="radio"/> Visa Student <input type="radio"/> Other Visa <input type="radio"/> E-Learning Only <input type="radio"/> Other <input type="radio"/> (specify): _____			PREVIOUS COUNTRY/PROVINCE OF RESIDENCE (if outside ON)	

### NAMES AND GRADES OF SIBLINGS IN THIS BOARD LIVING AT THE SAME ADDRESS

ADDRESS Apt/Unit	House or Street Number	Street Name	City/Town	Postal Code
Mailing Address (if different from above)			Check <input checked="" type="checkbox"/> if the student has: Safe Intervention Plan <input type="radio"/> Behaviour Support Plan <input type="radio"/>	If applicable: When did student enter grade 9? MM/DD/YYYY
Has student passed the Ontario Literacy Test (Grade 10)? <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/> <b>Not applicable</b> <input type="radio"/>			[OFFICE] Proof of Address (utility bill or gov't mail): DOB/Name Source Document: X-Boundary <input type="radio"/> Media Consent: <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/>	

### PARENTS/GUARDIANS and CUSTODY INFORMATION

### CONTACT # 1

CUSTODY ARRANGEMENTS: (If a court order is in place limiting access to the student, please produce document for copying at the school)  
Both Parents Together  Joint  Sole (one parent)  Crown Ward  Foster Care  Other :  
If student is in the care of Children's Aid, please provide agency name, caseworker name and contact information

1. NAME OF LEGAL PARENT / GUARDIAN	RELATIONSHIP TO STUDENT	LIVES WITH STUDENT <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/>
ADDRESS (if different from student)		Is there a court order in place to prevent this parent/guardian from accessing the student? <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/>
		E-MAIL ADDRESS (only if you consent to receive emails from the school):

ALL RELEVANT PHONE NUMBER(S) Specify cell/work/home, etc. List in the order you wish them to be called: 1. _____ 2. _____ 3. _____	LANGUAGE SPOKEN AT HOME
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If this is a blended family household, please provide the name of step-parent/caregiver. Please also provide relevant phone numbers if applicable.  
**Does this parent/caregiver have your permission to:**  
Pick the student up from school? **Yes**  **No**   
Receive information about the student from school? **Yes**  **No**

PARENTS/GUARDIANS and CUSTODY INFORMATION, continued		CONTACT # 2		
2. NAME OF LEGAL PARENT / GUARDIAN		RELATIONSHIP TO STUDENT	LIVES WITH STUDENT Yes <input type="radio"/> No <input type="radio"/>	
ADDRESS (if different from student)		Is there a court order in place to prevent this parent/guardian from accessing the student? Yes <input type="radio"/> No <input type="radio"/>		
		E-MAIL ADDRESS (only if you consent to receive emails from the school):		
ALL RELEVANT PHONE NUMBER(S) if different from ones already listed. Specify cell/work/home, etc. List in order you wish called:		LANGUAGE SPOKEN AT HOME		
1.	2.	3.		
If this is a blended family household, please provide the name of step-parent/caregiver. Please also provide relevant phone numbers if applicable: Does this parent/caregiver have your permission to: Pick the student up from school? Yes <input type="radio"/> No <input type="radio"/> Receive information about the student from school? Yes <input type="radio"/> No <input type="radio"/>				
Paper correspondence gets sent home with students or to the home address of the student. If parents live in two different households, do you want the school to also send paper correspondence to the second household? Yes <input type="radio"/> No <input type="radio"/>				
<b>CITIZENSHIP</b> original Citizenship and Immigration documents must be produced if student is new to Canada				
COUNTRY OF CITIZENSHIP	COUNTRY/PROVINCE OF BIRTH	FIRST LANGUAGE SPOKEN		
DATE OF ENTRY TO CANADA YYYY _____ MM _____	DATE OF ENTRY TO ONTARIO MM _____ DD _____ YYYY _____	Would you like an interpreter to phone you to help you when communicating with the school? Yes <input type="radio"/> No <input type="radio"/> (this requires us to give them your phone number)		
If you are new to Canada, would you like a Settlement Worker to contact you to help with housing, jobs, health care, and/or education? Yes <input type="radio"/> No <input type="radio"/>				
<b>MEDICAL INFORMATION</b>				
Does the student have a condition that can lead to anaphylactic shock? Yes <input type="radio"/> No <input type="radio"/> If yes, please provide medical information/documentation				
What is the condition?		Does the student carry an Epi-Pen? Yes <input type="radio"/> No <input type="radio"/>		
Does the student have Asthma? Yes <input type="radio"/> No <input type="radio"/> Epilepsy? Yes <input type="radio"/> No <input type="radio"/> Diabetes? Yes <input type="radio"/> No <input type="radio"/> Other life-threatening medical condition(s)? Yes <input type="radio"/> No <input type="radio"/>				
Is the student on medication that they bring to school? Yes <input type="radio"/> No <input type="radio"/> If yes to any of these, please provide details and supporting documentation if applicable				
Does the student have non-life-threatening health conditions and/or allergies that the school should be aware of? Yes <input type="radio"/> No <input type="radio"/> If yes, please provide details				
Does the student take medication that the school needs to administer? Yes <input type="radio"/> No <input type="radio"/> If yes, please fill out a school medication administration form				
If you deem it necessary for the school to have more information on file in the event of an emergency, please provide the following (this information is optional): Doctor's name and contact info: Student Health Card Number:				
<b>ALTERNATE and EMERGENCY CONTACTS – who the school will call when they cannot reach a parent/guardian. List in order of priority</b>				
NAME	RELATIONSHIP	LANGUAGE SPOKEN	PHONE(S) specify cell/home/work	can pick up student: Yes <input type="radio"/> No <input type="radio"/>
NAME	RELATIONSHIP	LANGUAGE SPOKEN	PHONE(S) specify cell/home/work	can pick up student: Yes <input type="radio"/> No <input type="radio"/>
NAME	RELATIONSHIP	LANGUAGE SPOKEN	PHONE(S) specify cell/home/work	can pick up student: Yes <input type="radio"/> No <input type="radio"/>
I have obtained the consent of the person(s) listed above to be named as alternate/emergency contacts: Yes <input type="radio"/>				
<b>TRANSPORTATION INFORMATION</b>		<b>BEFORE and AFTER SCHOOL ARRANGEMENTS</b> (if applicable)		
Student walks <input type="radio"/> Is driven <input type="radio"/> Drives <input type="radio"/> City bus <input type="radio"/> School bus (if eligible) <input type="radio"/>		Before/After School Program <input type="radio"/> Daycare on-site <input type="radio"/> Daycare off-site <input type="radio"/>		
<b>FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION (OPTIONAL)</b>				
Parents/guardians and students who are 18 years or older have the right to voluntarily self-identify their Aboriginal ancestry. This information is used to develop and enhance educational programs and to improve educational outcomes. If the student is considered to be of Aboriginal ancestry and you wish to identify this, please check the appropriate box: <b>First Nation</b> (Status or Non-Status) <input type="radio"/> <b>Métis</b> <input type="radio"/> <b>Inuit</b> <input type="radio"/>				

**PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION**

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform the school immediately of any changes to the information contained on this form.

SIGNATURE OF PARENT/GUARDIAN or STUDENT 18+ YRS (or Self-Supporting Minor age 16-17 yrs):

DATE:

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## Early Years Experiences Collection at Kindergarten Registration (EYE@K) Questions

The following questions are about your child's participation in child care and activities in your community from birth until today. Answering these questions is voluntary, so thank you for taking the time to respond.

The answers you provide will be shared within the school to help our educators and principals support your child's transition to full-day kindergarten. The information will also be shared with the Ministry of Education, Hamilton-Wentworth District School Board (HWDSB) and child care system planners in your community. The information will help them to plan, coordinate and improve the programs and services for families and young children in your community.

The personal information is collected under the legal authority of the Education Act R.S.O.1990, s.8.1. If you have any questions, please contact your school principal or Superintendent of Program Bill Torrens at Hamilton-Wentworth District School Board at 905-527-5092 ext.2624 or [lsheppar@hwdsb.on.ca](mailto:lsheppar@hwdsb.on.ca).

### **CHILD CARE**

The Ministry of Education strives to build a child care and early years system that better supports parents and gives children the best possible start in life. There are many types of child care services available in Ontario. These include:

**Full-time** – More than 30 hours per week

**Part-time** – 30 hours or less per week

**Parent/Guardian Care** – Care provided by a child's parent or guardian

**Unpaid Care** - Care provided by friends, relatives or caregivers, other than the child's parent(s) or guardian(s), where no fees are charged to the parent(s) or guardian(s).

**Paid Care** – Care provided by friends, relatives, nannies, or home child care providers who charge a fee to provide care in a child's home or in the provider's home.

**Licensed Home-based Child Care Agency** - A licensed home-based child care agency enters into a contract with providers who use their own homes to look after children. The licensed home-based child care agency screens, approves and monitors the caregivers. Parents often pay their child care fees to the home-based child care agency.

**Licensed Child Care Centre** - These programs operate in a variety of settings including workplaces, private and public buildings, schools and places of worship. They include nursery schools, full-time or part-time child care.

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**1. For each age period, what was the MAIN type(s) of child care for the child you are registering for kindergarten?** The age periods below match with the child care policies of the Ministry of Education. The age periods may not match exactly to your child’s experience or transitions between different types of care. **Please select *all the type(s)*** of care that you and your child used for each age period.

If your child was cared for by a parent/guardian and did NOT participate in child care on a regular basis, please select Parent/Guardian Care – Full-Time.

Age of Child	Parent/Guardian Care		Unpaid Care (e.g., Relative or Friend)		Paid Care (e.g., Friend, Nanny or Unlicensed Home Child Care)		Licensed Home-based Child Care Agency		Licensed Child Care Centre		Don't remember/ Prefer not to answer
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	
0 up to 12 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Months up to 18 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Months up to 24 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Months up to 2.5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Years up to Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# HWDSB

**2. If the child you are registering for school participated in licensed child care in a centre or a home, please list the name(s) of your licensed child care centre or licensed home-based child care agency, for each age period.** If your child was in parent/guardian care full-time or participated in care with a friend, relative, nanny or unlicensed home child care, do not include the name below, please select the box in the Not Applicable column.

Age of Child	Not Applicable	Name of Licensed Child Care Centre or Licensed Home-based Child Care Agency	Intersection/Street Name	City/ Community Name
0 up to 12 Months	<input type="checkbox"/>			
12 Months up to 18 Months	<input type="checkbox"/>			
18 Months up to 24 Months	<input type="checkbox"/>			
24 Months up to 2.5 Years	<input type="checkbox"/>			
2.5 Years up to Present	<input type="checkbox"/>			

## **ACTIVITIES IN YOUR COMMUNITY**

The Ministry of Education has invested in child and family programs and services in the community that promote early learning and development, support parents and caregivers, and provide referrals to specialized services. In your community, these centres may be called EarlyON Child and Family Centres, Ontario Early Years Centres, Better Beginnings Better Futures, Child Care Resource Centres, Parent and Family Literacy Centres, or Best Start Hubs. The following questions are about your child's participation in those programs and services as well as other activities in your community.

**3. Have you heard about child and family centres in your community?**

Yes

No

# HWDSB

**4. At each age, how often did the child who you are registering for school participate in a child and family centre?** These centres may be called EarlyON Child and Family Centres, Ontario Early Years Centres, Better Beginnings Better Futures, Child Care Resource Centres, Parent and Family Literacy Centres, or Best Start Hubs. **Please select one answer per row.**

Age of Child	Once or More Per Week	One to Three Times a Month	Several Times a Year	Once per Year	Did Not Participate	Prefer not to answer
0 up to 12 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Months up to 18 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Months up to 24 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Months up to 2.5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Years up to Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. At each age, how often did the child who you are registering for school participate in other activities in your community?** Other programs include: paid or free activities at libraries, community centres, religious organizations, cultural centres, registered children’s recreation programs (e.g., sports, dance, music, and gymnastics). **Please select one answer per row.**

Age of Child	Once or More Per Week	One to Three Times a Month	Several Times a Year	Once per Year	Did Not Participate	Prefer not to answer
0 up to 12 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Months up to 18 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Months up to 24 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Months up to 2.5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Years up to Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>