HWDSB

STUDENT REGISTRATION AND INFORMATION FORM

School Name:		
[OFFICE USE]: Start Date:	_ Grade:	Home Room:
OEN:	St	tudent #:

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, contacting student's previous school, 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

education rela	ted purposes. Questio	ns or con	cerns shoul	ld be direct	ted to the	school prin	cipal.	-,			,
I	AME of STUDENT TO	BE REGIS		 -				DDLE.			
LAST:			FIRST	ı: 			IVII	DDLE:			
STUDENT EN	ROLMENT SUMMA	RY									
PREFERRED NAME	(if different from above)				GENDER						
					F-femal	e M-ma pecified above	-	I-Prefer not t	o disc	close	
MAIN PHONE #	(the number the school will	call first)	Did student at	ttend a	Is student co		BIRTH D	ATE -		Student is self-su	
()			school in HWI		•	expelled from previous MM/DD/YYYY				minor (age 16-17 18+? Yes	7) or age No
/ /	U DETAILC (Calanda and Bara		past? Yes		school? Ye : Does studer	s No	Does stu	dent have an I	FP	Does student hav	
PREVIOUS SCHOO	L DETAILS (School and Boar	a Names, L	ocation, Phone	e Number)	religious accommodation? (Individual Educ				Bocs stadent nave a serious		
					Yes No Yes No					Yes O No	
STUDENT STATU	JS: Canadian Citizen	Permanen	t Resident	Refugee	Visa (fee	paying)	LANGU	AGE OF INST	RUCTI	ION AT PREVIOUS	SCHOOL
Other Visa (non	-fee paying) E-Learn	ing Only	Other(sp	pecify):							
NAMES AND GRAI	DES OF SIBLINGS IN THIS BO	<u>)A</u> RD LIVINO	AT THE SAME	E ADDRESS		PREVIOUS			COUNTRY/PROVINCE OF RESIDENCE (if		
							outside	e ON)			
ADDRESS	House or Street Number	Street Nan	ne			City/Town	1			Postal Code	
Apt/Unit											
Mailing Address (i	f different from above)					Chack V if th	a studan	t hac	If ann	olicable: When die	d student
Iviailing Address (i	i dillerent ironi abovej					Check V if the student has: If applicable: When did student Safe Intervention Plan? enter grade 9?			a student		
									D/YYYY		
Has student passe	ed the Ontario Literacy Test	(Grade 10)	? Yes 🔾 No	O Not ap	oplicable 🔾	[OFFICE USE		P I			
How many hours	of Community Service has s	tudent com	pleted (High S	chool only)?		X-Boundary of boundary		lives out			
PARENTS/GUA	ARDIANS and CUSTO	Y INFOR	MATION			CONTACT #	# 1				
CUSTODY ARRA	NGEMENTS: (If a cou	ırt order is	in place limi	ting access t	to the stude	nt, please p	roduce (document f	or co	pying at the sch	nool)
Both Parents Together Joint Sole (one parent) Crown Ward Foster Care (CAS) Other:											
If student is in the	care of Children's Aid, plea	se provide	agency name,	caseworker n	name and con	tact informat	ion as we	ell as a letter	of con	nfirmation from C	AS
1.NAME OF LEGAL	L PARENT / GUARDIAN					RELATIONSH	IIP TO ST	UDENT		LIVES WITH	STUDENT
										Yes 🔾	No 🔿
ADDRESS (if diffor	cont from student)					_				_	
ADDRESS (if different from student)					Is there a court order in place to prevent this parent/guardian from accessing the student? Yes No						
										al will email abou	t student
						absences):	NE33 (U	ctional) (Sale	MIIIVO	ai wiii eiiiaii abou	t student
ALL RELEVANT PH	ONE NUMBER(S) Specify c	ell/work/ho	me. (SafeArriv	al calls cell ar	nd home abou	ut student abs	sences):	LANGUAG	E MOS	STLY SPOKEN AT I	НОМЕ:
1.	2			3.							
If this is a blended	family household, please	provide the	name of step-		iver. Please al	so provide re	levant ph	none number	rs if		
	this parent/caregiver have up from school? Yes	your permi	ission to:								
Receive information	on about the student from		. No								

PARENTS/GUARDIANS and CUSTODY INFORMATION, continued				CONTACT # 2					
2.NAME OF LEGAL PARE	NT / GUARDIAN				RELATIONSHIP TO STUDEN	Т	LIVES WITH STUDENT Yes O No O		
ADDRESS (if different fro	m student)				Is there a court order in pl	ace to prevent th	l nis parent/guardian		
					from accessing the student? Yes No				
					E-MAIL ADDRESS (optiona):	l) (o ° ·			
ALL RELEVANT PHONE N	UMBERS if not already	listed. Specify cell/work/h	ome. (_	&) '	LANGUAGE MO	STLY SPOKEN AT HOME		
1.	2.	vide the name of stop par	ont/ca	3.	sa provida ralovant phona n	umbors if applies	abla:		
Pick the student up from	school? Yes No		ent/ca	regiver. Flease al	so provide relevant phone n	ишьегз п аррпса	ible.		
Receive information abo				+h+	rents live in two different h				
		household? Yes No		ine student. II pa	irents live in two different n	ousenoius, ao yo	u want the school to		
CITIZENSHIP origina	l Citizenship and Immig	gration documents must b	e prod	uced if student is	new to Canada				
COUNTRY OF CITIZENSHI	Р	COUNTRY/PROVINCE OF	BIRTH		FIRST LANGUAGE SPOKEN				
DATE OF ENTRY TO CANA	ADA	DATE OF ENTRY TO ONT.	ARIO		Would you like an interpreter to phone you to help you				
YYYY N	1M	MM DD	Y	YYY	when communicating with the school? Yes No (If "yes" we will give them your phone number)				
If you are new to Canada	, would you like a Settl	ement Worker to contact	you to	help with housin	g, jobs, health care, and/or	education? Ye	s O No O		
MEDICAL INFORM	IATION								
		n lead to anaphylactic s	hock?	Yes No	If yes, please provide	medical informat	ion/documentation:		
What is the condition?		. ,			, ., .				
					Does the stu	dent carry an Epi			
Does student have Asthm Does student have other	•	· •	iabetes o		Is student on medication the less, please provide details	, ,			
Does the student have no	on-life-threatening hea	Ith conditions and/or aller	rgies th	at the school sho	ould be aware of? Yes	No If yes, ple	ase provide details:		
Does the student take m	edication that the scho	ool needs to administer? \	∕es ○	No ○ If ves	, please fill out a school med	dication administ	ration form		
	for the school to have				gency, please provide the fol				
Student Health Card N									
	MERGENCY CON				ey cannot reach a paren				
NAME		RELATIONSHIP	LANG	GUAGE SPOKEN	PHONE(S) specify ce	ll/home/work	can pick up student: Yes No		
NAME		RELATIONSHIP	LANG	GUAGE SPOKEN	PHONE(S) specify co	ell/home/work	can pick up student: Yes \(\) No \(\)		
NAME		RELATIONSHIP	LANG	UAGE SPOKEN	PHONE(S) specify co	ell/home/work	can pick up student: Yes () No (
I have obtained the co	nsent of the person	(s) listed above to be na	amed	as alternate/en	nergency contacts: Yes	\bigcirc			
STUDENT TRANSP	ORTATION INFO	RMATION		BEFORE and	AFTER SCHOOL AR	RANGEMEN	TS (if applicable)		
Walks O Is driven O	Drives O City bus	School bus (if eligible	e) ()		nool Program O Daycare o	_	are off-site (
FIRST NATION, M	ÉTIS AND INUIT	VOLUNTARY SELF-I	DFN'	TIFICATION (OPTIONAL)	-	_		
					•				
This information is us	ed to develop and e		o imp	rove education	rily and confidentially se al outcomes. If the stude on (Status or Non-Status)	ent is considere	d to be of Aboriginal		
		TS AND RELEASE O							
					. I understand that it tained on this form.		onsibility to		
SIGNATURE OF PARENT/O	GUARDIAN or STUDENT	18+ YRS (or Self-Supporti	ing Mir	or age 16-17 yrs)	<u>: </u>	DATE:			



School Year: 2020-2021

Annual Media Consent Agreement

Hamilton-Wentworth District School Board (HWDSB) is committed to protecting student personal information and helping to positively shape the "digital footprint" that students leave when they post personal information online. Please refer to your school's website for our *Parent/Guardian Letter on Personal Information* for a full explanation and examples of how we routinely handle student information and protect privacy while meeting legislative requirements.

Classrooms have changed dramatically with the introduction of digital tools and since the Ministerial order to help stop the spread of COVID-19. Students may engage in blended learning, involving both physical and virtual classrooms. In keeping with 21st century learning priorities, the board provides students with access to Microsoft Teams, the HWDSB App Catalogue, email and a calendar, as well as the Ministry of Education Virtual Learning Environment or the "HUB". Online learning environments include synchronous learning where all participants must be online at the same time, and asynchronous learning where the content is available for students to access when they choose. In addition, students may use online tools or web apps and social media as deemed appropriate by the classroom teacher.

Students receive age appropriate instruction on digital citizenship and the safe use of technology. For more information on our policies and directives governing 21st century learning, see *Policy 6.1 21st Century Learning*, along with the *Responsible Use Procedure*, *Ownership and Authorship Procedure*, and the *Identity, Credibility and Positive Participation Procedure*. These policies and directives are easily found by using the search function on the board website (www.hwdsb.on.ca).

Students at HWDSB will use the internet at school and will learn how to make use of the tools that we provide in order to learn, create, share, and collaborate. They will participate in online spaces that are visible within the classroom, and possibly within the school and other sites across the board. Only with your consent on this form will online contributions that are public (i.e., visible *outside* of HWDSB) contain identifying information.

We are asking for your consent to allow your child to fully participate online in ways deemed age appropriate by classroom teachers and directly related to their learning and accomplishments. Your consent is completely optional. With consent, photos/video/audio recordings of your child, their written and creative work, and/or name may appear online beyond HWDSB schools, (i.e., publicly visible to the community or discoverable on the World Wide Web) involving, for example:

- school electronic newsletters sent to our parent community
- classroom websites, blogs, and video projects
- classroom/school/board social media accounts (e.g., Twitter, YouTube, etc.)
- school/community media publications or broadcasts
- other educational platforms

(please keep this page for your information)



School Year: 2021-2022

Your child's classroom teacher will keep you informed throughout the year about the 21st century learning experiences planned for students so that you have opportunities to ask questions about specific technologies and to change your consent if desired.

If you have any concerns related to the safety of your child with respect to use of personal information, please speak with your teacher or school principal where your child attends.



Verification of Documentation for School Registration

For Ministry Audit purposes, <u>this form</u> MUST be filled out for all NEW registrations to the school and retained in the student's OSR. ORIGINAL documentation or officially certified true copies should be reviewed. If you must photocopy student and/or parent/ guardian documentation during registration, deposit it in your lock box for secure destruction immediately after use. Must NOT keep photocopies of documentation in the student's OSR.

FULL LEGAL NAME of STUDENT TO BE REGISTERED							
LAST: FIRST:	MIDDLE:						
Preferred Name (if different from above)							
Date of Birth:/MM/DD							
Country of Birth: Citizen of (Country):							
Proof of Date of Birth:	Proof of Address:						
☐ Birth Certificate ☐ Passport	☐ Current Utility Bill						
☐ Baptismal Certificate	☐ Current Home Phone/Cable/Internet Bill						
Other: please specify*	☐ Current Purchase/Lease Agreement						
Note: *For other types of acceptable documents, please refer	☐ Current Property Tax Bill						
to HWDSB Admissions Manual on myHWDSB under Welcome Centre	Other: Please specify*						
	Note:*Driver's license is NOT acceptable for audit purposes						
Date of First Entry into Canada (for student born outside Canada							
Note: Parent must present proof of child's entry into Canada. Da a short-term visit/vacation in Canada taken before. Proof of child's first entry into Canada: (Check one document, r	nust match the date of entry)						
☐ Date of Entry Stamp in Passport by Canada Border Services ☐	☐ Confirmation of Permanent Residence ☐ Study Permit						
□ Permanent Resident Card □ Refugee Status Paper □ Visitor Record □ Other: Please specify							
Proof of Custody (for student under 18 and not living with pare	nt): Copy of proof of custody is to be filed in the OSR.						
☐ Court Order ☐ CAS Letter ☐ Adoption Papers ☐ Notarized Custodianship Agreement (Visa Student) If none of the above applies, then <u>all</u> the following criteria must be met (check Yes or No) in order for the child to attend school without the payment of a tuition fee:							
☐ Yes ☐ No 1) The student is a Canadian Citizen or Permanent Resident in Canada							
☐ Yes ☐ No 2) The guardian is a member of the student's immediate family and is a Canadian Citizen or Permanent Resident in Canada, and resides in HWDSB jurisdiction. Immediate Family Relationship (please specify):							
☐ Yes ☐ No 3) The guardian is assuming full responsibility for the care and well-being of the student and the student is residing with the guardian throughout the custody period.							
☐ Yes ☐ No 4) Notarized Guardianship Agreement. (Agreement template is available on myHWDSB under Welcome Centre).							
Students in the categories below register directly at school after providing all required documents.							
Canadian Citizen (check one)	Application for Canadian Citizenship (both are required)						
☐ Passport ☐ Birth Certificate	☐ Copy of Canadian Citizenship Application						
☐ Citizenship Card/Certificate	☐ Copy of receipt for the application						
	Date submitted:/MM/DD/YYYY						
Permanent Resident (PR) (check one from each row)							
☐ Student or ☐ Parent/Guardian (only check Parent/Guardian if student is not a Permanent Resident of Canada)							
☐ Permanent Resident (PR) Card or ☐ Confirmation of Permanent Residence (PR) Paper							
Date became a permanent resident:/MM/DD/YYYY (on the back of the PR card or on PR paper)							
Refugee Status (check one)							
Consideration of Eligibility (Convention Refugee) Date of Entr	· · · · · · · · · · · · · · · · · · ·						
Refugee Claimant Protection Document Valid from:/MM/DD/YYYY to/MM/DD/YYYY Parent on Work Permit * Student MUST be under the age of 18 when INITIALLY admitted to HWDSB							
(check/fill out information for both Parent and Student)	WHEN INITIALLY ADMITTED TO HWDSB						
1. Parent Work Permit Valid from:/MM/	DD /YYYY to /MM /DD /YYYY						
	t's Work Permit (i.e. actual work permit to be issued at a later date)						
2. Student □ Study Permit or □ Visitor Record Valid from:	· · · · · · · · · · · · · · · · · · ·						

Please direct students/parents below to the Admissions Office (Welcome Centre) prior to school registration.					
Parent on Study Permit * Student MUST be under the age of 18 when INITIALLY admitted to HWDSB					
☐ Parent's Acceptance Letter confirming the parent will be a full					
(retain copy in the OSR) and Tuition Receipt					
☐ Parent Study Permit Valid from:/MM/DD	/YYYY to/MM/DD/YYYY				
\square Student Study Permit or \square Student's Visitor Record					
Valid from:/MM/DD/YYYY to	/MM/DD/YYYY				
Application for Permanent Residence (PR) Status					
☐ Stage 1 Approval Letter Stage 1 Approval Letter Date:	/MM/DDYYYY				
☐ Equivalent Documentation from Immigration, Refugees and C Type of Document Reviewed:					
☐ Biological parent is married to or in a common law relationshi relevant documents are reviewed. Permanent Residence applicate					
☐ Other, please specify:					
Diplomat Status/Minister's Permit					
☐ Valid from:/MM/DD/YYYY to	/MM/DD/YYYY				
Exchange Student					
☐ Exchange Agreement Exchange Agency:					
☐ Study Permit or ☐ Visitor Record Valid from:/MM	/DD/YYYY to/MM/DD/YYYY				
Other Status					
Please specify documents reviewed and date:					
VISA Student (Fee-paying) Paid full fees and is eligible	e to attend HWDSB				
☐ Study Permit or ☐ Visitor Record	to dicend HWB5B				
Valid from:/MM/DD/YYYY to	/MM/DD/YYYY				
	-				
VISA Student Medical Insurance	VISA Student Address				
	: Ant/Unit # House or Street #				
☐ Attached ☐ To follow	Apt/Unit # House or Street # Street Name:				
Insurance Carrier: Expiry Date:	Apt/Unit # House or Street # Street Name: City/ Town: Postal code:				
Insurance Carrier: Expiry Date: Former School Records	Street Name:				
Insurance Carrier: Expiry Date: Former School Records ☐ Attached ☐ To follow ☐ N/A Custodianship agreement ☐ Attached ☐ N/A (18 and above)	Street Name: City/ Town: Postal code: Home Phone:				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell:				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email:				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #:				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email:				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #:				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #: Visa student info – Email:				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #: Visa student info – Email: ESL Assessment				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #: Visa student info – Email: ESL Assessment Date:/MM/DD/YYYY				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #: Visa student info – Email: ESL Assessment Date:/MM/DD/YYYY \[\Boxedown N/A				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #: Visa student info – Email: ESL Assessment Date:/MM/DD/YYYY \[\sqrt{N/A} \] Indeed that I have examined the applicable documentation as indicated.				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #: Visa student info – Email: ESL Assessment Date:/MM/DD/YYYY \[\Boxedown N/A				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #: Visa student info – Email: ESL Assessment Date:/MM/DD/YYYY \[\sqrt{N/A} \] Indeed that I have examined the applicable documentation as indicated.				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #: Visa student info – Email: ESL Assessment Date:/MM/DD/YYYY \[\sum N/A \] Indeed that I have examined the applicable documentation as indicated. Indicated the information and Privacy Legislation.				
Insurance Carrier: Expiry Date: Former School Records	Street Name: City/ Town: Postal code: Home Phone: Cell: Email: Visa student info – Cell #: Visa student info – Email: ESL Assessment Date:/MM/DD/YYYY N/A Add that I have examined the applicable documentation as indicated. Add in keeping with Freedom of Information and Privacy Legislation. OR Admissions Office Administrator				



Digital Tools Permission Form - 2021-2022

PLEASE COMPLETE AND RETURN TO YOUR CHILD'S TEACHER

Nar	me of Stud	lent: (please pri	nt)				
Gra	de:	_ Teacher:		School Nam	e:		
	ase indicat iPad	e which device Laptop			n-Wentworth District School Board		
	PLEAS	E READ THE FO	ollowing two se	TIONS AND INDICAT	E YOUR AGREEMENT:		
• T	his often tak		ne summer months and	-	ed during the school year for maintenance. e year. Special arrangements will need to be		
				nome, to help support my to school each day, fully c	child's learning. My child will be taking the harged.		
L	earning Agr		able internet access is fo		n, to ensure that the HWDSB 21st Century ment is used for educational purposes, to		
· I	I will be responsible for monitoring and guiding my child to properly handle and care for the device.						
C	an receive a	temporary replace	ement device. Situations		hone, email or in person so that my child n a case-by-case basis. Repeated instances use		
			nd/or accessories are lost ement cost for the device		nding on the circumstances, I may be		
• T	he device ar	nd any additional a	accessories (case, chargi	adaptor, etc.) will be retu	urned in perfect working order.		
⊐ Y	'ES, I AGRI	EE WITH THE A	BOVE □ NO,	DO NOT AGREE WITH	H THE ABOVE		
TRAC	CKING OU	R PROGRESS:					
cc al	ontinually co I students. V	nduct research to Vhat this means is	measure the effectivene that your child may take	of our programs in an ef	link on your school website), we fort to keep improving learning for well they can use technology as well d EQAO results.		
			sity partners on our rese mation unless we ask fo		share data that contains student		
• 0	ur research	findings are often	shared publicly in repor	and at conference or in so	cholarly articles.		
Signa	ature of Pa						
Date	:						

Please note: information that is collected to track our progress is done in compliance with the Municipal Freedom of Information and Protection of Privacy Act, Sections 28 and 29. If you wish more information or have questions, please contact HWDSB Privacy Office: privacy@hwdsb.on.ca