



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 Female <input type="radio"/> Male <input type="radio"/>	BIRTH DATE - MM/DD/YYYY	Student is self-supporting minor (age 16-17) or age 18+? Yes <input type="radio"/> No <input type="radio"/>
MAIN PHONE # (the number the school will call first) ()	Did student attend a school in HWDSB in the past? Yes <input type="radio"/> No <input type="radio"/>	Is student currently expelled from previous school? Yes <input type="radio"/> No <input type="radio"/>	Does student have an IEP (Individual Education Plan)? Yes <input type="radio"/> No <input type="radio"/>	Does student have a serious medical condition? Yes <input type="radio"/> No <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)		Does student have: 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)? Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/>		[OFFICE] Proof of Address: DOB/Name Source Document: X-Boundary <input type="radio"/> Media Consent : Yes <input type="radio"/> No <input type="radio"/>		

PARENTS/GUARDIANS and CUSTODY INFORMATION

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 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 main phone above. Specify cell/work/home, etc where applicable		LANGUAGE SPOKEN AT HOME

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 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

2. NAME OF LEGAL PARENT / GUARDIAN	RELATIONSHIP TO STUDENT	LIVES WITH STUDENT Yes <input type="radio"/> No <input type="radio"/>
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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 main phone above. Specify cell/work/home, etc where applicable	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 permission to:
 Pick the student up from school? Yes No
 Receive information about the student from school? Yes No

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 No

CITIZENSHIP original Citizenship and Immigration documents must be produced if student is new to Canada

COUNTRY OF CITIZENSHIP	COUNTRY/PROVINCE OF BIRTH	FIRST LANGUAGE SPOKEN
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DATE OF ENTRY TO CANADA YYYY _____ MM _____	DATE OF ENTRY TO ONTARIO MM _____ DD _____ YYYY _____	Would you like us to arrange an interpreter to help you when communicating with the school? Yes <input type="radio"/> No <input type="radio"/>
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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 No

MEDICAL INFORMATION

Does the student have a condition that can lead to anaphylactic shock? Yes No If yes, please provide medical information/documentation

What is the condition? _____ Does the student carry an Epi-Pen? Yes No

Does the student have other life-threatening medical condition(s)? Yes No Does the student have asthma? Yes No
 Is the student on medication that they bring to school? Yes No 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 No If yes, please provide details

Does the student take medication that the school needs to administer? Yes No 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:

ALTERNATE and EMERGENCY CONTACTS – who the school will call when they cannot reach a parent/guardian. List in order of priority

NAME	RELATIONSHIP	LANGUAGE SPOKEN	PHONE(S) specify cell/home/work	can pick up student: Yes <input type="radio"/> No <input type="radio"/>
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NAME	RELATIONSHIP	LANGUAGE SPOKEN	PHONE(S) specify cell/home/work	can pick up student: Yes <input type="radio"/> No <input type="radio"/>
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NAME	RELATIONSHIP	LANGUAGE SPOKEN	PHONE(S) specify cell/home/work	can pick up student: Yes <input type="radio"/> No <input type="radio"/>
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I have obtained the consent of the person(s) listed above to be named as alternate/emergency contacts: Yes

STUDENT TRANSPORTATION INFORMATION **BEFORE and AFTER SCHOOL ARRANGEMENTS** (if applicable)

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"/>
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FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION (OPTIONAL)

Parents/guardians and students who are 18 years and older have the right to voluntarily and confidentially self-identify their Aboriginal ancestry. This information is used to develop and enhance 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: **First Nation** (Status or Non-Status) **Métis** **Inuit**

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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