

2022 - 2023

## 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] and the *Personal Health Information Protection Act* (PHIPA). 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 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. To learn more about how HWDSB handles personal information, see the Parent/Guardian Letter on Personal Information on your child's school website.

Questions or cor	ncerns should be directed	d to your	school principal.						
FULL LEGAL N	AME of STUDENT TO I	BE REGIS	TERED:						
LAST:	LAST: FIRST:				MIDDLE:				
l									
STUDENT EN	ROLMENT SUMMAI	RY							
F-f					R male  M-male  N-Prefer not to disclose ot specified above:				
MAIN PHONE # (	(the number the school will	call first)	Does student have a		ent have an	Birth date -		Student is self-suppor	
( )				Plan)? Yes No		MM/DD/YYYY		minor (age 16-17) or a 18+? <b>Yes</b> No	_
PREVIOUS SCHOO	L DETAILS (School Name. B	Soard Name	Yes No No Location, Phone Number		lent require a	Did student	attend a	Is student currently	<u>u                                    </u>
	,		,					expelled from previou	JS
				Yes	s No past? Yes (				_
	JS: Canadian Citizen 🔘 F aying) 🔘 E-Learning Only		nt Resident () Refugee () her () (specify):	) Visa (fee	e paying) 🔘	LANGUAGE	OF INSTRUCT	ION AT PREVIOUS SCH	OOL
NAMES AND GRADES OF SIBLINGS IN THIS BOARD LIVING AT THE SAME ADDRESS					PREVIOUS COUNTRY/PROVINCE OF R outside ON)			(if	
ADDRESS Apt/Unit	House or Street Number	Street Nar	me		City/Town			Postal Code	
Mailing Address (if different from above)					Check V if the student has: Safe Intervention Plan Behaviour Support Plan		ent	If applicable: When did student enter grade 9?  MM/DD/YYYY	
Has student passed the Ontario Literacy Test (Grade 10)?  Yes No Not applicable How many hours of Community Service has student completed (High School only)?					Race (Otpional): [O		FICE USE] oundary (student lives oundary) (	out	
PARENTS/GUA	ARDIANS and CUSTOD	Y INFOR	MATION		CONTACT #	1			
–	chool. It is the parent/gu	uardian re	er or restraining order is in sponsibility to ensure the arent) O Crown Ward (	school is	provided with	updated/cl	hanged doc		nt for
If student is in the	care of Children's Aid, plea	se provide	agency name, caseworker n	ame and co	ontact informati	ion as well as	a letter of co	nfirmation from CAS	
1.NAME OF LEGAL PARENT / GUARDIAN					RELATIONSHIP TO STUDENT			LIVES WITH STUE Yes \( \) No (	
ADDRESS (if differ	ent from student)				Is there a cour accessing the			t this parent/guardian	
					E-MAIL ADDRE absences):	SS (optional)	(SafeArrival	will email about studer	nt
ALL RELEVANT PHO		ll/work/ho 2.	me. (SafeArrival will call ho	ome and cel	l numbers abou	ut absences)	LANGUAGE	MOSTLY SPOKEN AT HO	OME
If this is a blended	family household, please p	rovide the	name of step-parent/caregiv	ver. Please	also provide rel	evant phone	numbers if a	pplicable:	
Pick the student u	caregiver have your permis up from school? Yes \(\) No on about the student from s	$\circ$	s 🔾 No 🔾						

PARENTS/GUARDIANS and CUSTO	DDY INFORMATION, continue	ed	CONTACT # 2					
2.NAME OF LEGAL PARENT / GUARDIAN			ATIONSHIP TO STUDENT	•	LIVES WITH STUDENT			
					Yes O No O			
ADDRESS (if different from student)	acco	nere a court order in pla essing the student? Ye	s O No O					
			IAIL ADDRESS (optional) ences):	(Safe Arrival will	email about student			
ALL RELEVANT PHONE NUMBERS if differe	nt from ones already listed. Specify co	ell/work/home (Safe	Arrival calls cell, home)	LANGUAGE MOS	TLY SPOKEN AT HOME			
1.	2.	3.						
If this is a blended family household, pleas <b>Does this parent/caregiver have your per</b> Pick the student up from school? <b>Yes</b> Receive information about the student fro	mission to: No							
Paper correspondence gets sent home wit also send paper correspondence to the sec		the student. If pare	nts live in two different l	nouseholds, do yo	u want the school to			
CITIZENSHIP original Citizenship and I	mmigration documents must be prod	luced if student is ne	w to Canada					
COUNTRY OF CITIZENSHIP	COUNTRY/PROVINCE OF BIRTH		ST LANGUAGE SPOKEN					
DATE OF ENTRY TO CANADA	DATE OF ENTRY TO ONTARIO		uld you like an interpret	• •	• •			
YYYY MM	MM DD Y		communicating with the school? <b>Yes No (</b> 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							
MEDICAL INFORMATION	·				<u> </u>			
Does the student have a condition that	at can lead to anaphylactic shock	? Yes O No O	f yes, please provide me	dical information	/documentation			
boes the stadent have a condition the	it can lead to unaphytaetic shock.	. 1630 1100 1	r yes, piedse provide me	alcar imormation	, accumentation			
What is the condition?  Does the student have Asthma? Yes   • I		-			-Pen? Yes No			
Does the student have non-life-threatenin	g health conditions and/or allergies th	hat the school should	d be aware of? <b>Yes</b> 🔘	<b>No</b> If yes, ple	ease provide details			
Does the student take medication that the	school needs to administer? Yes	No O If yes, ple	ase fill out a school med	ication administra	ation form			
If you deem it necessary for the school to Doctor's name and contact info:	nave more information on file in the e	event of an emergen	cy, please provide the fo	ollowing (this info	rmation is optional):			
Student Health Card Number:  ALTERNATE and EMERGENCY (	CONTACTS — who the school v	vill call when they	cannot reach a nare	nt/guardian Lis	t in order of priority			
NAME		GUAGE SPOKEN	PHONE(S) specify c		can pick up student			
					Yes O No C			
NAME	RELATIONSHIP LANG	GUAGE SPOKEN	PHONE(S) specify of	ell/home/work	can pick up student Yes () No (			
NAME	RELATIONSHIP LANG	GUAGE SPOKEN	PHONE(S) specify of	ell/home/work	can pick up student Yes () No (			
I have obtained the consent of the pe	rson(s) listed above to be named	as alternate/emer	gency contacts: Yes	0				
TRANSPORTATION INFORMAT	ION	BEFORE and A	BEFORE and AFTER SCHOOL ARRANGEMENTS (if applicable)					
Student walks () Is driven () Drives ()	City bus O School bus (if eligible)	Before/After School	ol Program O Daycare	on-site O Dayc	are off-site (			
FIRST NATION, MÉTIS AND INC	JIT VOLUNTARY SELF-IDEN	TIFICATION (O	PTIONAL)					
Parents/guardians and students who This information is used to develop ar Aboriginal ancestry and you wish to ic	nd enhance educational programs	s and to improve e		. If the student i	-			
PERMISSION ACKNOWLEDGEN I verify that the information printerior the school immediately	MENTS AND RELEASE OF INI	FORMATION and correct. I	understand that	it is my respo				
SIGNATURE OF PARENT/GUARDIAN or STU			inica on this form	DATE:				
STORATORE OF PARENT/GUARDIAN OF STU	PERM TOT THE FOR SENT-SUPPORTING WIN	1101 age 10-17 yisj.		DATE:				