

HWDSB Student Registration and Information Form (English to Simplified Chinese Translation) HWDSB 学生注册和信息表

#	English and Translation
	<p>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.</p> <p>欢迎来到哈密尔顿-温特沃斯地区学校董事会[Hamilton-Wentworth District School Board, 简称为 HWDSB]。如需注册, 法定家长或监护人(或者年龄介于 16 岁至 17 岁并已自立的学生, 或年满 18 岁的学生)必须通过此表格向学校提供信息。请确保填写每一部分的内容, 并向学校提供所有需要的原件。</p>
	<p>Notice of Collection and Use of Personal Information</p> <p>Information on this form is collected under the legal authority of the <i>Education Act</i> and in accordance with the <i>Municipal Freedom of Information and Protection of Privacy Act</i> [MFIPPA] and the <i>Personal Health Information Protection Act</i> (PHIPA). It will be used to establish the <i>Ontario Student Record</i> [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 <i>Health Protection and Promotions Act</i> and the <i>Immunization of School Pupils Act</i>. 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 concerns should be directed to the school principal.</p> <p>收集及使用个人资料通知</p>

	<p>本表中的信息依照《教育法》的法律授权以及《市政信息自由和隐私保护法》[MFIPPA]进行收集。收集的信息将用于建立《安省学生记录 [OSR]》，以及与学生和教育相关的目的，例如注册、管理、沟通、数据报告、联系学生曾就读的学校和学生交通服务。我们将根据《健康保护和促进法》和《小学生免疫接种法》，将学生信息（例如姓名、出生日期和联系信息）提交给地区卫生部门。安省教育部和EQAO[教育质量和责任办公室，即 Education Quality and Accountability Office]用于教育相关目的使用学生信息。如有任何疑问或顾虑，请联系校长。</p>
	<p>LEGAL FULL NAME of STUDENT TO BE REGISTERED: 需要注册的学生的法定全名： LAST: 姓氏 FIRST: 名字 MIDDLE: 中间名</p>
	<p>STUDENT ENROLMENT SUMMARY 学生注册信息摘要</p>
	<p>PREFERRED NAME (if different from above) 首选名称或昵称（如不同于以上姓名）</p>
	<p>GENDER: 性别： F-female F-女性 M-male M-男性 N-Prefer not to disclose N-不愿回答 S-Not specified above: S-以上选项均不适用：</p>
	<p>MAIN PHONE # (the number the school will call first) 主要联系电话号码（学校首先联系的号码）</p>
	<p>Did the student attend a school in HWDSB in the past? 学生是否曾在 HWDSB 上学？ Yes 是 No 否</p>

	<p>Is the student currently expelled from previous school? 学生目前是否被曾就读的学校开除?</p> <p>Yes 是 No 否</p>
	<p>BIRTH DATE – MM/DD/YYYY 出生日期 – 月份/日期/年份 (MM/DD/YYYY)</p>
	<p>Student is self-supporting minor (age 16-17) or aged 18+? 学生是否年龄介于 16 岁至 17 岁并已自立或者年满 18 岁?</p> <p>Yes 是 No 否</p>
	<p>PREVIOUS SCHOOL DETAILS (School and Board Names, Location, Phone Number) 曾就读的学校信息 (学校和董事会名称、地点、电话号码)</p>
	<p>Does the student require religious accommodation? 学生是否有宗教便利的要求?</p> <p>Yes 是 No 否</p>
	<p>Does the student have an IEP (Individual Education Plan)? 学生是否有 IEP (个人教育计划)?</p> <p>Yes 是 No 否</p>
	<p>Does the student have a serious medical condition? 学生是否患有严重病症?</p> <p>Yes 是 No 否</p>
	<p>STUDENT STATUS: 学生身份 :</p> <p>Canadian Citizen 加拿大公民</p> <p>Permanent Resident 永久居民</p> <p>Refugee 难民</p> <p>Visa (fee paying) 持有签证 (付费)</p>

	<p>Other Visa (non-fee paying) 持有其他签证 (非付费)</p> <p>E-Learning Only 仅网上学习</p> <p>Other (specify): 其他 (请说明) :</p>
	<p>LANGUAGE OF INSTRUCTION AT PREVIOUS SCHOOL 曾就读的学校的教学语言</p>
	<p>NAMES AND GRADES OF SIBLINGS IN THIS BOARD LIVING AT THE SAME ADDRESS 居住在同一地址, 并于本教育局所管辖的学校就读的兄弟姊妹姓名和年级</p>
	<p>PREVIOUS COUNTRY/PROVINCE OF RESIDENCE (if outside ON) 曾居住的国家或省份 (如在安省境外)</p>
	<p>ADDRESS 地址</p> <p>Apt/Unit 公寓/单位</p> <p>House or Street Number 房屋/街道号码</p> <p>Street Name 街道名称</p> <p>City/Town 城市/城镇</p> <p>Postal Code 邮编</p> <p>Mailing address (if different from above) 收件地址 (如与以上不同)</p>
	<p>Check <input type="checkbox"/> if the student has: 如以下内容适用于学生, 请打勾 (✓) :</p> <p>Safe Intervention Plan? 是否有安全介入计划?</p> <p>Behaviour Support Plan? <是否有行为支持计划?</p>

	<p>If applicable: When did the student enter grade 9? (MM/DD/YYYY) 如适用：学生何时就读九年级？（月份/日期/年份）</p>
	<p>Has the student passed the Ontario Literacy Test (Grade 10) 学生是否已通过安省读写测验（十年级） Yes 是 No 否 Not applicable 不适用</p> <p>How many hours of Community Service has the student completed (High School only)? 学生已完成多少小时的社区服务（仅限高中）？</p>
	<p>[OFFICE USE] X-Boundary (student lives out of boundary) (please leave blank) 【仅供办公人员使用】 跨区（学生居住于管辖区外）（请留空）</p>
	<p>Race (Optional): 种族（选填）：</p>
	<p>PARENTS/GUARDIANS and CUSTODY INFORMATION 父母或监护人及监护权信息 CONTACT #1 首要联系人</p>
	<p>CUSTODY ARRANGEMENTS: (if a court order is in place limiting access to the student, please produce document for copying at the school. If school staff are required to enforce a custody or restraining order, a copy MUST be submitted to the school. Please note, if any changes are made to the agreement or order, the custodial parent or guardian is responsible for providing the school with any updated documentation.)</p> <p>监护权安排：（如果法院命令限制此人接触学生，请出示文件并经由学校复印存档）</p> <p>Both Parents Together 父母双方共同照顾 Joint 共同监护权 Sole (one parent) 独立监护权（单亲） Crown Ward 皇家监护（Crown Ward） Foster Care (CAS) 寄养看护（儿童援助协会）</p>

	Other 其他
	<p>If student is in the care of Children’s Aid, please provide agency name, caseworker name and contact information as well as a letter of confirmation from CAS 如果学生受儿童援助协会看护，请提供机构名称，案件专员的姓名和联系方式，以及一封由儿童援助协会出具的确认信。</p>
	<p>1. NAME OF LEGAL PARENT / GUARDIAN 法定父母或监护人姓名</p>
	<p>RELATIONSHIP TO STUDENT: 与学生的关系：</p>
	<p>LIVES WITH STUDENT: 与学生同居： Yes 是 No 否</p>
	<p>Is there a court order in place to prevent this parent/guardian from accessing the student? 此家长或监护人是否受法庭命令约束，不可接近相关学生？ Yes 是 No 否</p>
	<p>E-MAIL ADDRESS (optional) (SafeArrival will email about student absences): 电子邮件地址（选填）（“安全到达”系统将通过电子邮件通知学校学生缺勤）：</p>
	<p>ALL RELEVANT PHONE NUMBER(S) 所有相关的电话号码 Specify cell/work/home 请注明手机、工作或家庭电话号码 (SafeArrival calls cell and home about student absences) （“安全到达”系统将通过手机和家庭电话号码通知学生缺勤）</p>
	<p>LANGUAGE MOSTLY SPOKEN AT HOME: 家庭常用语言：</p>

	<p>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: 如为组合家庭, 请提供继父母/看护人员的姓名。请提供相关的电话号码 (如适用)。此家长或看护人是否得到您的同意可以：</p> <p>Pick up the student from school? 接学生放学？</p> <p>Receive information about the student from school? 接收学生所在学校发出的信息？</p>
	<p>PARENTS/GUARDIANS and CUSTODY INFORMATION 父母或监护人及监护权信息 CONTACT #2 次要联系人</p>
	<p>2. NAME OF LEGAL PARENT / GUARDIAN 法定父母或监护人姓名</p>
	<p>RELATIONSHIP TO STUDENT: 与学生的关系：</p>
	<p>LIVES WITH STUDENT: 与学生同居： Yes <是 No 否</p>
	<p>Is there a court order in place to prevent this parent/guardian from accessing the student? 此家长或监护人是否受法庭命令约束, 不可接近相关学生？ Yes 是 No 否</p>
	<p>E-MAIL ADDRESS (optional) (SafeArrival will email about student absences): 电子邮件地址 (选填) (“安全到达”系统将通过电子邮件通知学校学生缺勤)：</p>
	<p>ALL RELEVANT PHONE NUMBER(S) 所有相关的电话号码 Specify cell/work/home 请注明手机、工作或家庭电话号码</p>

	(SafeArrival calls cell and home about student absences) (“安全到达”系统将通过手机和家庭电话号码通知学生缺勤)
	LANGUAGE MOSTLY SPOKEN AT HOME: 家庭常用语言
	<p>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: 如为组合家庭, 请提供继父母/看护人员的姓名。请提供相关的电话号码(如适用)。此家长或看护人是否得到您的同意可以:</p> <p>Pick up the student from school? 接学生放学?</p> <p>Receive information about the student from school? 接收学生所在学校发出的信息?</p>
	<p>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? 学校的纸张信件由学生带回家或邮寄至学生的家庭住址。如果父母生活在两个不同的家庭中, 您是否希望学校向第二个家庭邮寄纸张信件?</p> <p>Yes 是 No 否</p>
	<p>CITIZENSHIP original Citizenship and Immigration documents must be produced if student is new to Canada 公民身份 如果学生为加拿大新移民, 必须出示公民身份原件和移民资料</p>
	COUNTRY OF CITIZENSHIP 国籍
	COUNTRY/PROVINCE OF BIRTH 出生地 (国家或省份)
	FIRST LANGUAGE SPOKEN 母语

	<p>DATE OF ENTRY TO CANADA 进入加拿大的日期 YYYY 年份 MM 月份</p>
	<p>DATE OF ENTRY TO ONTARIO 进入安省的日期 MM 月份 DD 日期 YYYY 年份</p>
	<p>Would you like an interpreter to phone you to help you when communicating with the school? 当您与学校沟通时，您是否需要口译员通过电话协助翻译？ Yes 是 No 否</p>
	<p>MEDICAL INFORMATION 医疗信息 Does the student have a condition that can lead to anaphylactic shock? 学生是否患有可导致过敏性休克的病症？ Yes 是 No 否 If yes, please provide medical information/documentation: 如果是，请提供医疗信息或文件： What is the condition? 患有何种病症？ Does the student carry an Epi-Pen? 学生是否携带肾上腺素注射笔（Epi-Pen）？ Yes 是 No 否</p>
	<p>Does the student have asthma? 学生是否患有哮喘？ Yes 是 No 否 Epilepsy? TRANSLATION HERE Yes 是 No 否 Diabetes? TRANSLATION HERE Yes 是 No 否</p>

	<p>Is the student on medication that they bring to school? 学生是否需携带药物返校? Yes 是 No 否</p> <p>Does the student have a life-threatening medical condition(s)? 学生是否患有危及生命的病症? Yes 是 No 否</p> <p>If yes to any of these, please provide details and documentation if applicable: 如果是, 请提供详细信息和文件 (如适用) :</p>
	<p>Does the student have non-life-threatening health conditions and/or allergies that the school should be aware of? 学生是否患学校需注意的非威胁生命的健康病症和 (或) 过敏? Yes 是 No 否</p> <p>If yes, please provide details: 如果是, 请提供详细信息 :</p>
	<p>If you deem necessary for the school to have more information on file in the event of an emergency, please provide the following (this information is optional): 如果您认为学校有必要在紧急情况下了解更多信息, 请提供以下信息 (选填) :</p> <p>Doctor's name and contact info: 医生的姓名和联系方式 : Student Health Card Number: 学生的健康卡号码 :</p>
	<p>ALTERNATE and EMERGENCY CONTACTS – who the school will call when they cannot reach a parent/guardian. List in order of priority. 备用和紧急联系人的联系方式——当学校无法与家长或监护人取得联系时, 我们联系备用和紧急联系人。按优先级顺序列出。</p>
	<p>NAME 姓氏</p>

	<p>RELATIONSHIP 关系</p> <p>LANGUAGE SPOKEN 语言</p> <p>PHONE(S) specify cell/home/work 请注明手机、家庭或工作电话号码</p> <p>Can pick up student? 是否可以接学生放学? yes 是 no 否</p> <p>I have obtained the consent of the person(s) listed above to be named as alternate/emergency contacts: 我已获得上述人员作为备用或紧急联系人的同意: Yes 是</p>
	<p>STUDENT TRANSPORTATION INFORMATION 学生交通信息</p> <p>Walks 步行</p> <p>Is driven 车辆接送</p> <p>Drives 自行开车</p> <p>City bus 城市公交车</p> <p>School bus (if eligible) 校车 (如符合条件)</p>
	<p>BEFORE and AFTER SCHOOL ARRANGEMENTS (if applicable) 课前和课后安排 (如适用)</p> <p>Before/After School Program 课前或课后项目</p> <p>Daycare on-site 校内托儿所</p> <p>Daycare off-site 校外托儿所</p>
	<p>FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION (OPTIONAL) 第一民族、梅蒂斯和因纽特学生自愿性自我身份证明 (选填)</p> <p>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</p>

appropriate box: 父母或监护人和年满 18 岁的学生有权出于自愿和保密的原则对我原住民身份进行确认。这些信息用于开发和加强项目并改善教育成果。如果学生为原住民后代，并且您希望对此加以注明，请勾选对应的方框：

First Nation (Status or Non-Status) 第一民族 (有身份或无身份)

Métis 梅蒂斯

Inuit 因纽特

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.

同意承认和公开信息 我确认本文件中提供的信息真实无误。当本文件包含的信息出现变动时，我明白我有责任立即通知学校。

SIGNATURE OF PARENT/GUARDIAN or STUDENT 18+ (or Self-Supporting Minor age 16-17 yrs): 家长或监护人或年满 18 岁的学生的签名（或 16 岁至 17 岁并已自立的未成年人）：

DATE: 日期：