



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 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 Promotion 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 uses 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.

FULL LEGAL NAME of STUDENT TO BE REGISTERED:

LAST:

FIRST:

MIDDLE:

STUDENT ENROLMENT SUMMARY

PREFERRED NAME (if different from above)		GENDER F-female M-male N-Prefer not to disclose S-Not specified above:		
MAIN PHONE # (the number the school will call first) ()	Did student attend a school in HWDSB in the past? Yes ☐ No ☐	Is student currently expelled from previous school? Yes ☐ No ☐	BIRTH DATE - MM/DD/YYYY	Student is self-supporting minor (age 16-17) or age 18+ ? Yes ☐ No ☐
PREVIOUS SCHOOL DETAILS (School and Board Names, Location, Phone Number)		Does student require a religious accommodation? Yes ☐ No ☐	Does student have an IEP (Individual Education Plan)? Yes ☐ No ☐	Does student have a serious medical condition? Yes ☐ No ☐
STUDENT STATUS: Canadian Citizen Permanent Resident Refugee Other Visa (non-fee paying) E-Learning Only Other(specify):		Visa (fee paying)		LANGUAGE OF INSTRUCTION AT PREVIOUS SCHOOL
NAMES AND GRADES OF SIBLINGS IN THIS BOARD LIVING AT THE SAME ADDRESS			PREVIOUS COUNTRY/PROVINCE OF RESIDENCE (if outside ON)	
ADDRESS Apt/Unit	House or Street Number	Street Name	City/Town	Postal Code
Mailing Address (if different from above)		Check ☐ if the student has: Safe Intervention Plan? ☐ Behaviour Support Plan? ☐		If applicable: When did student enter grade 9? MM/DD/YYYY
Has student passed the Ontario Literacy Test (Grade 10)? Yes ☐ No ☐ Not applicable ☐		[OFFICE USE] X-Boundary (student lives out of boundary) ☐		
How many hours of Community Service has student completed (High School only)? _____				

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 (CAS) Other: _____

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

1.NAME OF LEGAL PARENT / GUARDIAN		RELATIONSHIP TO STUDENT	LIVES WITH STUDENT Yes ☐ No ☐
ADDRESS (if different from student)		Is there a court order in place to prevent this parent/guardian from accessing the student? Yes ☐ No ☐	
		E-MAIL ADDRESS (optional) (SafeArrival will email about student absences):	
ALL RELEVANT PHONE NUMBER(S) Specify cell/work/home. (SafeArrival calls cell and home about student absences): 1. _____ 2. _____ 3. _____			LANGUAGE MOSTLY 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 your permission to:**

Pick the student up from school? **Yes** ☐ **No** ☐
Receive information about the student from school? **Yes** ☐ **No** ☐

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: