

# Elementary Registration Form

**SCHOOL NAME:** \_\_\_\_\_ **PRINCIPAL:** \_\_\_\_\_

**STUDENT INFORMATION**

\_\_\_\_\_  M  F  
**Legal Last Name**      **Legal First Name**      **Middle Name**      **Preferred Name**      **Gender**

**Birthdate** (dd/mmm/yyyy): \_\_\_\_\_ **Proof of Age:**  Birth Certificate  Passport  Other: \_\_\_\_\_

**Province of Birth:** \_\_\_\_\_

**First Language Spoken:**  English  French  Ojibwe  Other: \_\_\_\_\_

**Country of Origin:** \_\_\_\_\_ **Date of Entry into Canada (if applicable):** \_\_\_\_\_  
 YYYYY/MM

**Status in Canada:**  Canadian Citizen       Permanent/Landed Resident  
 Student Exchange       Student Study       Other: \_\_\_\_\_

**PROPERTY ADDRESS INFORMATION**

\_\_\_\_\_  
**Street (House #, Building/Block, Street Name)**      **Apt. # / Suite**      **P.O. Box**      **R.R.**

\_\_\_\_\_  
**City / Town**      **Province**      **Postal Code**

**Home Phone Number:** ( ) \_\_\_\_\_  Unlisted

**Mailing Address (only if different from property address)**

\_\_\_\_\_  
**Street (House #, Building/Block, Street Name)**      **Apt. # / Suite**      **P.O. Box**      **R.R.**

\_\_\_\_\_  
**City/Town**      **Province**      **Postal Code**

**Alternate Pick Up Address** \_\_\_\_\_  
 House #, Street Name      City/Town      Phone Number

**Alternate Drop Off Address** \_\_\_\_\_  
 House #, Street Name      City/Town      Phone Number

**PARENT / GUARDIAN INFORMATION**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Address (if different than Student)** \_\_\_\_\_

\_\_\_\_\_

**Home Phone** ( ) \_\_\_\_\_ **Work Phone** ( ) \_\_\_\_\_

**Cell Phone** ( ) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Lives with student?**  Yes  No

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Address (if different than Student)** \_\_\_\_\_

\_\_\_\_\_

**Home Phone** ( ) \_\_\_\_\_ **Work Phone** ( ) \_\_\_\_\_

**Cell Phone** ( ) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Lives with student?**  Yes  No

**CHECK BOTH COLUMNS**

Student Lives With	Legal Custody Y/N	
Both Parents		
Father		
Mother		
Grandparent(s)		
Foster Parent CAS		
Other*		
*Specify: _____		
_____		
_____		

**EMERGENCY CONTACTS (OTHER THAN Parent or Guardian)**

<b>Call First:</b> _____	Can Pick Up Student? <input type="checkbox"/>	<b>Call Second:</b> _____	Can Pick Up Student? <input type="checkbox"/>
Relationship _____		Relationship _____	
Last Name _____		Last Name _____	
First Name _____		First Name _____	
Address _____		Address _____	
Home Phone (    ) _____		Home Phone (    ) _____	
Business Phone (    ) _____ Ext.: _____		Business Phone (    ) _____ Ext.: _____	
Cell Phone (    ) _____		Cell Phone (    ) _____	

**MEDICAL / HEALTH CONDITION**

Doctor Name \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_  
 Health Card \_\_\_\_\_ Revision Code \_\_\_\_\_  
 Allergies and Health Conditions:  
 \_\_\_\_\_ Life Threatening  \_\_\_\_\_ Life Threatening   
 I, the Parent/Guardian, give my permission to the school to transport my child to a medical facility in case of emergency.  Y  N

**EDUCATION**

**Grade:** \_\_\_\_\_ **Previously attended a school in RDSB?**  Yes  No  
**Program(s):**  Regular English Program  French Immersion  
**Previous School Name:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_  
**Previous School Board Name:** \_\_\_\_\_

**FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION**

Parents/Guardians have the opportunity to self-identify their child(ren) as First Nation, Métis or Inuit. This information will be used to improve the educational outcomes and promote equal opportunity for First Nation, Métis and Inuit students of the Rainbow District School Board.  
 I am...  
 First Nations (off-reserve)  First Nations (on reserve)  Métis  Inuit First Nation: \_\_\_\_\_

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, personal information on this form is being collected under the authority of the Education Act, Section 10, and will be used for the purpose of establishing a pupil record. This information will automatically be shared among schools within the jurisdiction of the Rainbow District School Board for registration purposes. Questions regarding this collection should be directed to the School Principal.

 \_\_\_\_\_  
 Parent/Guardian Signature

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Principal Signature

 \_\_\_\_\_  
 Date

**OFFICE USE ONLY**

Pupil Number \_\_\_\_\_ OEN \_\_\_\_\_  
 Resident Pupil?  Yes  No **If No - Tuition Paid By:**  Native Education Authority  VISA International Student  
 Has this student ever been identified through an IPRC process?  Yes  No

Revised January 2011