

Adult/Secondary Registration Form

SCHOOL NAME: _____ **PRINCIPAL:** _____

STUDENT INFORMATION

Legal Last Name _____	Legal First Name _____	Middle Name _____	Preferred Name _____	<input type="checkbox"/> M <input type="checkbox"/> F
				Gender
Birthdate (dd/mmm/yyyy): _____		Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____		
Province of Birth: _____				
First Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Ojibwe <input type="checkbox"/> Other: _____				
Country of Origin: _____		Date of Entry into Canada (if applicable): _____ YYYY/MM		
Status in Canada:				
<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Permanent/Landed Resident		
<input type="checkbox"/> Student Exchange		<input type="checkbox"/> Student Study		<input type="checkbox"/> Other: _____

ADDRESS AND CONTACT INFORMATION

Street (House #, Building/Block, Street Name) _____	Apt. # / Suite _____	P.O. Box _____	R.R. _____
City / Town _____	Province _____	Postal Code _____	
Home Phone Number: (____) _____	<input type="checkbox"/> Unlisted	Cell Phone: (____) _____	
Mailing Address (only if different from property address) _____		E-mail: _____	
Street (House #, Building/Block, Street Name) _____	Apt. # / Suite _____	P.O. Box _____	R.R. _____
City/Town _____	Province _____	Postal Code _____	

EMERGENCY CONTACT INFORMATION

NOTE: Students 18 or older must have at least one Parent/Guardian OR other adult listed who can be contacted in an emergency.

1) 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

18+ Student consent to release information? Yes No

2) 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

18+ Student consent to release information? Yes No

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

Mature Student? Yes No Trillium Updated OSR Requested? Yes No DocuShare? Yes No

MEDICAL / HEALTH CONDITION

Doctor Name _____

Phone Number () _____

Health Card _____

Revision Code _____

Allergies and Health Conditions:

_____ Life Threatening

_____ Life Threatening

I, the Student, give the school permission to transport me to a medical facility in case of emergency. Y N

EDUCATION

Previous Grade: _____

Program(s):

- Regular English Program
- French Immersion
- Arts Education Program
- Bilingual Trades Program
- Other: _____

Previously attended a school in RDSB? Yes No

- Science Technology Education Program (STEP)
- International Baccalaureate Program
- School of Integrated Technology
- College Certificate Program

Previous School Name: _____

City/Town: _____

Province: _____

Previous School Board Name: _____

Date Left: (MM/YYYY) ____/____

FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION

Students have the opportunity to self-identify 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: _____

DISTRIBUTION LIST

YES. I would like to be included on the distribution list to receive information from and about my school and education, including newsletters, school and Board updates, announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, prom or dance tickets, or other events or activities associated with the school or the community. Consent is being requested in accordance with Canada's Anti-Spam Legislation (CASL). If you have any questions or if you would like to withdraw your consent at any time, please contact your school.

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, and any other correspondence relating to your involvement in our programs, is being collected by Rainbow District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2), Sections 58.5, 265 and 266 as amended. The information will be used in accordance with the Education Act and the regulations and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records or for a consistent purpose such as the allocation of staff and resources. Employees will have access to this information to carry out their job duties. The information will also be used for matters related to health and safety or discipline. The Board is required to disclose personal information in compelling circumstances, for law enforcement purposes, or in accordance with any other Act that permits disclosure. This information will automatically be shared among schools within the jurisdiction of Rainbow District School Board for registration purposes. Questions regarding this collection should be directed to the School Principal.

Student Signature

Date

Principal Signature

Date