

## ELEMENTARY STUDENT REGISTRATION

**OFFICE USE ONLY:**

Proof of Date of Birth:

- Birth Certificate
- Certificate of Live Birth (birth registration)
- Passport
- Certification of Citizenship

Proof of Residency:

- Utility Bill
- Property Tax Bill
- Phone Bill
- Other \_\_\_\_\_

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Bus Route #: a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

I hereby confirm that the ORIGINAL document(s), indicated above, have been viewed and the student information below is correct.

|  |  |           |      |
|--|--|-----------|------|
| Name (please print)<br><small>Principal or Designate</small> | Position ( <i>MUST be the Principal or Designate</i> ) | Signature | Date |
|--|--|-----------|------|

## STUDENT INFORMATION

|                 |                                       |  |        |       |
|-----------------|---------------------------------------|--|--------|-------|
| Legal Surname   | Given Name                            | Middle Name(s)                               |        |       |
| Usual Surname   | Usual First Name                      | Date of Birth<br><small>(MM/DD/YYYY)</small> | Gender | Grade |
| Previous School | Address of Previous School (if known) | Phone # (if known)                           |        |       |

**PERSONAL INFORMATION SHARING WITH PREVIOUS SCHOOL**

If your child is transferring from another school, the school principal or vice-principal may have a need to contact the previous school's administration and discuss personal information related to your child's education.

I, being the parent/legal guardian of the student named, understand how my child's personal information may be used and I voluntarily give my permission to use my child's personal information as described above.

\_\_\_\_\_  
Parent/Guardian Name

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

Is this student currently under suspension and/or expulsion from another school?      Yes       No

**Siblings:**

|  |      |       |      |       |
|--|------|-------|------|-------|
| <small>(Attending this school)</small> | Name | Grade | Name | Grade |
|  | Name | Grade | Name | Grade |

**Sibling Preschoolers:**

|                                       |      |                            |
|---------------------------------------|------|----------------------------|
| <small>(Not attending school)</small> | Name | Date of Birth (MM/DD/YYYY) |
|                                       | Name | Date of Birth (MM/DD/YYYY) |

Has your child received support/special education services?      Yes       No

Identified as Special Education Exceptional Pupil under the category \_\_\_\_\_

## FAMILY & CUSTODY INFORMATION

Choose one of the following clauses that pertain to your custody status and circle the appropriate corresponding letter A–G. Please note: It is not mandatory to provide a copy of your legal custody order/separation agreement/divorce documentation. However, legally both parents have a right to access information concerning their son/daughter unless there is a legal document on file indicating otherwise.

**Legal documents provided**

- A. Registering Parents Reside Together:** We are the birth or adoptive mother/father of the child and the child resides with us. N/A
- B. Registering Parent Does Not Reside with Other parent and child lives with Registering Parent on the Consent of the Other Parent:** I am the birth or adoptive mother/father of the child and the child resides with me with the express or implied consent of the child’s birth or adoptive mother/father. N/A
- C. Registering Parent Has Custody Pursuant to a Separation Agreement:** I am the birth or adoptive mother/father of the child and I have custody of the child pursuant to a separation agreement. Yes  No
- D. Registering Parent Has Custody Pursuant to a Court Order:** I am the birth or adoptive mother/father of the child and I have custody of the child pursuant to a Court Order. Yes  No
- E. Registering Person is not the Parent and Has Custody Pursuant to Court Order:** I am not the birth or adoptive mother/father of the child and have legal custody of the child pursuant to a Court Order. Yes  No
- F. Registering Person is a Relative/Friend/Agent with whom the child resides:** I am a relative/friend/agent of the custodial parent and I have provided a signed, witnessed and dated consent from the custodial parent indicating their custodial status of the child and that I have the authority to register the child. Yes  No
- G. Children’s Aid Society - Group Home Name** (if applicable): \_\_\_\_\_  
I am the foster mother/foster father of the child. Yes  No
- Lives with: Both parents  Mother  Father  Mother/Stepfather  Stepmother/Father  Other (specify) \_\_\_\_\_

## ADDRESS INFORMATION

Home Address: \_\_\_\_\_  

|            |            |             |           |             |
|------------|------------|-------------|-----------|-------------|
| House/911# | Apt. #     | Street Name | City/Town | Postal Code |
| Lot        | Concession | Township    | Phone #   |             |

Mailing Address: (if different from above) \_\_\_\_\_  

|     |     |         |             |           |             |
|-----|-----|---------|-------------|-----------|-------------|
| RR# | Box | House # | Street Name | City/Town | Postal Code |
|-----|-----|---------|-------------|-----------|-------------|

Father/Guardian - Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Address (if different from student) \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone # & Ext. \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Do you wish to receive school and/or Board information through email, **if available**? Yes  No

Mother/Guardian - Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Address (if different from student) \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone # & Ext. \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Do you wish to receive school and/or Board information through email, **if available**? Yes  No

Guardian - Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Address (if different from student) \_\_\_\_\_ Phone \_\_\_\_\_

Work Phone # & Ext. \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Do you wish to receive school and/or Board information through email, **if available**? Yes  No

## RELIGION INFORMATION

Is Child Roman Catholic? Yes  No  Is Mother Roman Catholic? Yes  No  Is Father Roman Catholic? Yes  No

Has your child received the following sacraments in the Roman Catholic Church?

Baptism Yes  No  If YES, copy of Baptismal Certificate must be placed in student's OSR

First Eucharist Yes  No  First Reconciliation Yes  No  Confirmation Yes  No

Current Parish: \_\_\_\_\_ City: \_\_\_\_\_

## EMERGENCY & MEDICAL INFORMATION

Emergency Response Plan: If your child has any medically diagnosed and potentially life threatening circumstances such as seizures, diabetes, asthma and anaphylactic reactions, please notify the principal immediately. An individualized "Emergency Response Procedure for Medical Conditions" plan will be developed in consultation with the Principal, Parent(s)/Guardian(s) and Physician(s) to address your child's individual needs.

Contact in case of emergency: Please list in order of priority who to call if Parent/Guardian cannot be reached.

|                      |                  |              |                |
|----------------------|------------------|--------------|----------------|
| _____                | _____            | _____        | _____          |
| Name                 | Relationship     | Phone #      | Cell Phone #   |
| _____                | _____            | _____        | _____          |
| Name                 | Relationship     | Phone #      | Cell Phone #   |
| _____                | _____            | _____        | _____          |
| Babysitter/Caregiver | Address          | Postal Code  | Phone #        |
| _____                | _____            | _____        | _____          |
| Doctor's Name        | Doctor's Phone # | Dentist Name | Dentist Phone# |

### HEALTH ALERT

Allergies: Yes  No  If Yes, give details \_\_\_\_\_

Medication: (are routine medications needed?) Yes  No  If Yes, give details \_\_\_\_\_

*\*If administered at school, please complete the "Authorization for Administration of Medication" form.*

Health Problems: Are there problems or restrictions which may affect work or play at school? Yes  No

If Yes, give details \_\_\_\_\_

### LUNCH TIME ARRANGEMENTS

- I am home to receive my child(ren) each day for lunch.  My child has permission to walk from and to school during the lunch period.  
 My child will stay at school during the lunch period.

### MEDICAL EMERGENCY

In the case of a medical emergency, when parent(s)/guardian(s) or designates cannot be contacted, student will be taken to hospital.

Other Instructions: \_\_\_\_\_

## RESIDENCY INFORMATION

1. Is your child a Canadian Citizen? Yes  No
2. Has your child lived in Canada for the past 4 years? Yes  No  If NO, year and month entered Canada: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ 1st Language spoken, if not English: \_\_\_\_\_
3. Is your child a permanent resident? Yes  No
4. Is your child a Refugee Claimant? Yes  No
5. Are you or your child a Fee Paying Visa student with a Student Authorization (VISA) from Immigration Canada?  
Yes  No
6. Is your child a First Nation student living on a Reserve?  
Yes  No  If YES, please check applicable box.  
 Alderville  Curve Lake  Hiawatha
7. Is your child a Non-First Nation (Non-Native) student living on a Reserve?  
Yes  No

## TRANSPORTATION INFORMATION

Mode of Transportation: Walk  Bus  Other \_\_\_\_\_

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

*All parents/guardians of First Nation, Métis and Inuit students, and students who are 18 years or older, have the right to voluntarily self-identify. By self-identifying, you help us to monitor the success of the programs and services we offer, and identify ways to support First Nation, Métis and Inuit students to ensure their success. For further information, please refer to Board Policy 304, titled First Nation, Métis and Inuit Student Voluntary Self-Identification, or the brochure titled Voluntary and Confidential Self-Identification of Students with First Nation, Métis and Inuit Ancestry – these documents can be found on the Board's website at [www.pvncdsb.on.ca](http://www.pvncdsb.on.ca).*

8. If you wish to identify your child as having First Nation, Métis and Inuit ancestry, please check the appropriate box or boxes:

First Nation

Métis

Inuit

## SPECIAL EDUCATION INFORMATION (if applicable)

**If your child has been previously registered at another school, please fill out this section.**

Does your child have an Individual Education Plan (I.E.P.)? Yes  No

Is the I.E.P. for: accommodations , modifications , or alternative programming  ?

Has your child worked with an Educational Assistant within the past year? Yes  No  Shared support  or 1:1 Support

Has your child been identified as an exceptional pupil through an Identification Placement and Review Committee (I.P.R.C.)? Yes  No

If yes, what was the category of exceptionality? \_\_\_\_\_ Placement? \_\_\_\_\_

Date of Last I.P.R.C. \_\_\_\_\_  
(MM/DD/YYYY)

Does your child have equipment/technology that will be transferring to our Board? Please check the appropriate articles: Computer equipment , special seating or standing equipment , communication equipment , toileting equipment , mobility equipment , feeding equipment , other \_\_\_\_\_

Does your child have accessibility concerns? (i.e. Ramps, washrooms, etc.) Yes  No  If yes, please describe: \_\_\_\_\_

Would your child require specialized transportation? Yes  No

## INFORMATION RELEASE

1. The PVNCCDSB takes pride in promoting the great events, student initiatives and success stories taking place in our schools and we encourage our staff to take an active role in communicating these stories at a school and Board level. I authorize the PVNCCDSB to use the name, grade, photograph, video, artwork, articles, and school projects of my child/children, in school newsletters, on school websites, in education apps, in Board publications, on Board websites, for Board promotion (and/or promotion of Catholic Education) and advertising, and to share via traditional media (radio, television, newspaper, magazines,) and social media (Twitter, Facebook, YouTube, Instagram, etc.) and for staff and provincial/national educational training material (Nelson Education etc.). Yes  No
2. I authorize the PVNCCDSB to allow the news media to interview and publish photographs or audio/visual productions of my son/daughter in newspapers, on television, on radio, and on media websites and social media. Yes  No
3. I give permission for my name and phone number to be shared with a phone committee or Catholic School Council to facilitate early school dismissal, student excursions and other school related activities. Yes  No
4. Teachers may wish to take a class on walking excursions in the vicinity of the school. Walking excursions are carefully planned and supervised. The length of the excursion and amount of supervision required is determined by the grade level of students. I give permission for my child to take part in such walking excursions. Yes  No
5. I give permission for my name and phone number to be shared with the Parish Priest to facilitate in the Catholic education of my child. N/A  Yes  No

### NOTES:

Students participating in extra-curricular activities or events where the public is invited (ie. school concerts, field trips, school teams) may be photographed and/or reported on by the media or the general public. If you have concerns, please discuss with the Principal.

The Peterborough Victoria Northumberland Clarington Catholic District School Board (PVNCCDSB) will share and update the necessary student information with Regional Health Departments. This information will include your child's birth date, address, home phone number and work number of the parents for the purpose of "establishing and maintaining a school health record as per the Health Protection and Promotion Act and Immunization of School Pupils Act."

### CLARINGTON SCHOOLS ONLY:

In the event of a serious accident at the Darlington or Pickering Nuclear Generating Station, the PVNCCDSB will be given Provincial authorization to administer Potassium Iodide (KI) pills to students. The use of KI pill is voluntary and therefore parent consent must be given.

I grant permission for my son/daughter to be administered a potassium iodide (KI) pill. Yes  No

Is this student allergic to Iodine? Yes  No

## PARENT/GUARDIAN COMMENTS

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I hereby certify that the above information is accurate to the best of my knowledge.

\_\_\_\_\_

Date

\_\_\_\_\_

SIGNATURE (Parent or Guardian)

**Please advise the school immediately of any changes in the information contained on this form.**

**Information Collection Authorization:** This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and its regulations. The information is collected for education purposes and is within the guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually. Any questions with respect to this information should be directed to the Principal of the School to which you are applying/registered. Users: Principals, Teachers, Support staff and Supervisory Officers.