

School _____	Ontario Education Number (OEN) _____
Grade _____	Enrolment Date _____ Class/Homeroom _____
<input type="checkbox"/> Core French <input type="checkbox"/> French Immersion <input type="checkbox"/> Extended French <input type="checkbox"/> Ojibwe Language <input type="checkbox"/> Ojibwe Immersion	
<b>OSR Status:</b> <input type="checkbox"/> Requested <input type="checkbox"/> Received <input type="checkbox"/> OSR Index Card Made	

### Student Information

**LEGAL NAME (on Birth Certificate):** \_\_\_\_\_  
Last Name                      First Name                      Middle Name

Preferred Name (if different from legal name): \_\_\_\_\_  
Last Name                      First Name                      Middle Name

Gender (please check one):     Male     Female

**PROOF OF DATE OF BIRTH RECEIVED:**     Birth Cert.     Passport     Baptismal Cert.    Date of Birth: \_\_\_\_\_  
(MM - DD - YYYY)

Adult (Over 18?) -     No     Yes - If yes Consent to Release Information form is required

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Whose cell for remarks \_\_\_\_\_

If Student has siblings in this school, please list them: \_\_\_\_\_

Student's First Language: \_\_\_\_\_ Main Language Spoken at Home: \_\_\_\_\_

Is this Student of Native Ancestry?     No     Yes - if yes, select one:     First Nation     Métis     Inuit  
Band Information: \_\_\_\_\_

Does this Student have an Individual Education Plan (IEP)?     No     Yes - ***If yes, copy this page for School SERT***

Has this Student been identified through an IPRC?                       No     Yes

### Student Address

Home/911 Address: \_\_\_\_\_  
House #                      Street Name                      City/Town                      Postal Code

Mailing Address:     Same as Home/911 Address

---

House #                      Street Name                      Apt. #                      P.O. Box #                      RR                      City/Town                      Postal Code

**PROOF OF ADDRESS RECEIVED:**     Current Property Tax Bill                       Current Home Phone/Cable/Internet Bill  
 Current Utility Bill                       Current Agreement of Purchase and Sale  
 Other: please specify \_\_\_\_\_

Note: Driver License is not acceptable for audit purposes.

### Previous School Information

Previous School: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

Previous School Board: \_\_\_\_\_ Language of Instruction: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street                      City                      Province/State                      Country

The year he/she first entered an ON Secondary School \_\_\_\_\_ Reason for Transfer \_\_\_\_\_

### Student Medical Information

Health Card Number (including version #): \_\_\_\_\_

Does this Student have a Life Threatening Condition?     No     Yes ***If yes, use form C1 and C2***

Does this Student have Anaphylaxis?                       No     Yes ***If yes, use form C3***

Does this Student have Asthma?                       No     Yes ***If yes, use form C4***

Does this Student have Type 1 Diabetes?                       No     Yes ***If yes, use form C5***

Does this Student have Epilepsy?                       No     Yes ***If yes, use form C6***

Does this Student have a Disability?                       No     Yes ***If yes, please describe*** \_\_\_\_\_

## Citizenship/Immigration Information

Parent must present proof of child's entry into Canada. Date of entry is the date that the Student enters Canada to live, not a short-term visit/vacation in Canada taken beforehand. Check off the document presented, and the data on the document (should match the date of entry). **Only one document is required.**

### CANADIAN CITIZENSHIP (Child born in Canada - Pupil of the Board)

City of Birth: \_\_\_\_\_ Province of Birth: \_\_\_\_\_

### FEE PAYING STUDENT (Other Pupil)

**Student Study Permit for Visa Student** – Study Permit valid from \_\_\_\_\_ to \_\_\_\_\_

(MM - DD - YYYY)

(MM - DD - YYYY)

Student Visa – Total Tuition Fee Paid \$: \_\_\_\_\_ Fee Payment Date: \_\_\_\_\_

(MM - DD - YYYY)

**Visitor Record** – Visitor Record valid from \_\_\_\_\_ to \_\_\_\_\_

(MM - DD - YYYY)

(MM - DD - YYYY)

Visitor Visa – Total Tuition Fee Paid \$: \_\_\_\_\_ Fee Payment Date: \_\_\_\_\_

(MM - DD - YYYY)

**Native Education Authority** – Tuition Agreement from \_\_\_\_\_ to \_\_\_\_\_

(MM - DD - YYYY)

(MM - DD - YYYY)

NEA Payment– Total Tuition Fee Paid \$: \_\_\_\_\_ Fee Payment Date: \_\_\_\_\_

(MM - DD - YYYY)

### EXCHANGE AGREEMENT (Our Student Attending Host School)

Name of Reciprocal Student: \_\_\_\_\_ Country Of Reciprocal Student: \_\_\_\_\_

Agency: \_\_\_\_\_ Duration of Exchange: \_\_\_\_\_ to \_\_\_\_\_

(MM - DD - YYYY)

(MM - DD - YYYY)

### PERMANENT RESIDENT (check one)

Parent/Guardian  Student (if an adult) Date became a Permanent resident: \_\_\_\_\_

(MM - DD - YYYY)

Stage One Approval Letter Stage 1 Approval Letter Date: \_\_\_\_\_

(MM - DD - YYYY)

Equivalent Documentation from Immigration, Refugees and Citizenship Canada (IRSS) confirming approval in principle

Type of Document Reviewed: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

(MM - DD - YYYY)

### REFUGEE STATUS

Documentation from IRCC confirming Refugee Status Date of Entry Stamped: \_\_\_\_\_

(MM - DD - YYYY)

Consideration of Eligibility (Convention Refugee) Date of Entry Stamped: \_\_\_\_\_

(MM - DD - YYYY)

### PARENT'S STUDY PERMIT

Parent's Acceptance Letter confirming the parent will be a full-time student at a qualified university, college or institution in Ontario (retain copy in child's OSR)

Parent's Study Permit valid from: \_\_\_\_\_ to \_\_\_\_\_

(MM - DD - YYYY)

(MM - DD - YYYY)

Verify and then check one of the below that the parent is a full-time student enrolled in a degree, diploma or certificate program that consists of a minimum of 2-3 semesters and 600+ hours of instruction.

Degree

Diploma

Certificate

### PARENT'S WORK PERMIT

Documentation from IRCC confirming approval of Work Permit (i.e. actual work permit to be issued at a later date)

Parent's Work Permit valid from: \_\_\_\_\_ to \_\_\_\_\_

(MM - DD - YYYY)

(MM - DD - YYYY)

Student Study Permit valid from: \_\_\_\_\_ to \_\_\_\_\_

(MM - DD - YYYY)

(MM - DD - YYYY)

Note – This student study permit is given to a child accompanying their parent on a work permit to Ontario.

### OTHER

Diplomat Status/Minister's Permit valid from: \_\_\_\_\_ to \_\_\_\_\_

(MM - DD - YYYY)

(MM - DD - YYYY)

**Confirmation of Documentation and Student Eligibility for ESL/PANA Funding**

Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Original Date of First Entry into Canada: \_\_\_\_\_  
(MM - DD - YYYY)

Verified Canadian stamped date of entry on passport

**Parent/Legal Guardian Information**

**CUSTODY INFORMATION** -  Both Parents  Mother Only  Father Only  Shared  Joint  Guardian  C.A.S

**Note** – Written Custody Agreement or Court Order should be available upon request for audit purposes,  
a copy should be placed in the documentation folder in the O.S.R.

Living With -  Both Parents  Mother Only  Father Only  Guardian  Other  C.A.S

**MOTHER** - Contact/Closure Priority: (please check one)  1=First to be contacted  2=Second to be contacted

Legal Guardian:  Yes  No Has Custody:  Yes  No Lives with Student:  Yes  No

Receive Mail:  Yes  No Has Access to Records:  Yes  No

Name: \_\_\_\_\_  
First Name Last Name

Home Address (if different from student): \_\_\_\_\_

Home Phone #: ( ) Cell Phone #: ( )

Place of Employment: \_\_\_\_\_ Business Phone #: ( )

Email: \_\_\_\_\_ Language (other than English): \_\_\_\_\_

**FATHER** - Contact/Closure Priority: (please check one)  1=First to be contacted  2=Second to be contacted

Legal Guardian:  Yes  No Has Custody:  Yes  No Lives with Student:  Yes  No

Receive Mail:  Yes  No Has Access to Records:  Yes  No

Name: \_\_\_\_\_  
First Name Last Name

Home Address (if different from student): \_\_\_\_\_

Home Phone #: ( ) Cell Phone #: ( )

Place of Employment: \_\_\_\_\_ Business Phone #: ( )

Email: \_\_\_\_\_ Language (other than English): \_\_\_\_\_

**GUARDIANSHIP**

Custody Agreement Reviewed

If there is no Custody Agreement, then ALL the following criteria must be met (check yes or no) in order for the child to attend without payment of a tuition fee:

Yes  No – The Student is a Canadian citizen or a permanent resident of Canada.

Yes  No – The guardian is a member of the Student’s immediate family and resides in Ontario in the school board jurisdiction in which the Student wants to attend school.

Immediate Family Relationship (please specify): \_\_\_\_\_

Yes  No – The guardian is assuming full responsibility for the care and well-being of the Student and the Student is residing with the guardian throughout the custody period.

Yes  No – A Written agreement is in place between the parents of the Student and the guardian that sets out all of the above, as well as the respective responsibilities of the parent and the guardian.

### Additional Emergency Contact Person

<b>RELATIONSHIP:</b> _____		<b>Contact/Closure Priority:</b> _____	
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Receive Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Access to Records: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____			
		First Name	Last Name
Home Address (if different from student): _____			
Home Phone #: (____) _____		Cell Phone #: (____) _____	
Place of Employment: _____		Business Phone #: (____) _____	
Other Information: _____			

<b>RELATIONSHIP:</b> _____		<b>Contact/Closure Priority:</b> _____	
Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Receive Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Access to Records: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name: _____			
		First Name	Last Name
Home Address (if different from student): _____			
Home Phone #: (____) _____		Cell Phone #: (____) _____	
Place of Employment: _____		Business Phone #: (____) _____	
Other Information: _____			

### Transportation

Bus Service Requested?
<input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, have Parent/Guardian contact the Transportation Consortium in Dryden at 223-1256 ext. 1 or 1-866-860-7770

### CANADA'S ANTI-SPAM LEGISLATION (CASL) - CONSENT TO RECEIVE ELECTRONIC COMMUNICATION

I hereby consent to receive electronic communication from this School and the Board at the email address and phone number I have provided. In accordance with Canadian Anti-Spam Legislation which requires all organizations in Canada to collect consent for the receipt of commercial electronic communications, we are informing you that by providing your consent below and your email address you agree to receive messages electronically from the school or school board which may include information about a commercial activity. I understand this consent will be effective for the duration of my child's education at the Board. I understand this information may be shared with the School Council (co-)chair(s) for my child's schools for the purposes of sending School Council information to me via email. I understand that I may withdraw my consent and unsubscribe from the communications at any time by contacting the school.

The Ministry of Education and Training, under the authority of the Education Act of the Province of Ontario, R.S.O. 1990 Ch. E2, Section 265, requires that each school maintain a record of basic information for each student registered in the school. The information will be used to:

- Document registration of the student
- Identify any special needs of the student
- Prepare the Ontario Student Record\* and OSR office index card
- Prepare class lists, attendance reports, and other reports for the Board and the Ministry of Education
- Provide other school Boards with required registration information, if the student transfers to another school board
- Supply the District Health Unit with information for public health records
- Make emergency care arrangements for the student

\*The Ontario Student Record is a record folder containing information about your child including report cards and other personal information conducive to the improvement of the instruction of the student. Parents(s)/guardian(s) have the right to access or examine the contents of the OSR folder for their child who is under 18 years of age.

**I authorize the use of the information as noted in the above, and I understand that it is my responsibility to keep the school advised of any change in the information.**

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

\_\_\_\_\_  
Date of Registration

**SCHOOL OFFICIAL THAT COMPLETED THE REGISTRATION/INTAKE:** \_\_\_\_\_