

ADMINISTRATIVE GUIDELINE

Title: Student Registration Form

Section 1: Student Information

Legal Name:

Last
First
Middle

Preferred Name:**Gender:** (please circle)

Male Female Non-Disclosed Self-Identified

Additional Gender Information:

Our Board is committed to working with students and families to provide environments that best respect dignity, meet individual needs and promote inclusion. A student's preferred or chosen name and a change of gender can be used on class lists, timetables, etc. However, a student's legal name cannot be changed in our student information system without documentation of a legal name change.

Date of Birth:

Year (YYYY)
Month (MM)
Day (DD)

Proof of Age:

Please include a copy of a Proof of Age document with your registration submission (acceptable documents include Birth Certificate, Baptismal Certificate, Passport/Visa)

Entering Grade:**First Language:****Language Spoken at Home:****Name siblings attending this school:**

Section 2: Educational Information

NNDSB Language Program: (circle one)

English Extended French French Immersion

Previous School Attended:

Board
School
Address
Phone

Date last attended:

Has this student attended a school within the Near North Board before?

Yes No

Has your child been identified by an IPRC?
(Identification Placement Review Committee)

Yes No

Does your child have an IEP? (Individual Education Plan)

Yes No

Exceptionality as stated on IPRC:**Has your child been involved with any Community Agencies?**

Yes No

If yes, please provide name of agency:

Section 3: Home Information

Home Address:

Address

Apt/Unit

Civic/911 Number

City/Town

Postal Code

Proof of Address: **Must be current

Please include a copy of the Proof of Address document

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Section 5: Medical Information

Does your child have any life-threatening medical conditions or medical concerns?

- None Asthma Diabetes
 Anaphylaxis Other

If yes, please provide additional details:

Health Card Number:

Family Doctor Information

Name
Phone

Pediatrician Information (if applicable)

Name
Phone

Section 6: Citizenship and Immigration Information

Country of Birth:

If Country of Birth is not Canada, please indicate date of arrival in Canada:

Entered from:

Date of Arrival in Ontario:

Country of Citizenship:

If not Canadian, specify current status in Canada:

Date related to Status identification document above (date of permanent residence, expiry date, date stamped, etc.)

Section 7: Indigenous Ancestry Information - Optional

We ask families to voluntarily self-identify, without a need for proof of ancestry/status cards, in order for our board to understand more about the population we serve. Self-identification data is confidential but helps us provide supportive, culturally relevant programming to enhance school experiences and increase student achievement.

If choosing to self-identify, please check the appropriate box:

- First Nation Métis Inuit

Section 8: Emergency Contact Information Must be different from Parent/Guardian listed in Section 4

Contact #1

Name
Relationship to the Student
Home Phone
Cell Phone
Work Phone
...extension
Employer

Emergency Contact Priority:

- 1 2 3

School Closure Notice Priority:

- 1 2 3

Contact # 2

Name
Relationship to the Student
Home Phone
Cell Phone
Work Phone
...extension
Employer

Emergency Contact Priority:

- 1 2 3

School Closure Notice Priority:

- 1 2 3

