

SCHOOL: _____

DATE OF REGISTRATION: _____

DATE OF ADMISSION: _____

Shaded Areas for Office Use		PLEASE PRINT CLEARLY		Student #		
Legal Last Name, First Name, Middle Name			Lived Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Home Phone Number	
Preferred Last Name, First Name, Middle Name (same as above <input type="checkbox"/>)			Unlisted <input type="checkbox"/>		Cell Phone Number	
Date of Birth Year Month Day	Proof of Age Document Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Other <input type="checkbox"/> Specify Other _____	Grade	Homeroom			
Proof of Legal Name Verified By (e.g. secretary name)		Email Address		OEN #		
911 Address #	Apt/Unit	Street Name		City/Town	Postal Code	
Mailing Address (if different from above)			Previously Attended School in TLDSB? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Proof of Address <input type="checkbox"/> Current Agreement of Purchase and Sale <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Current Property Tax Bill <input type="checkbox"/> Current Home Phone/Cable/Internet bill <input type="checkbox"/> Other: Please specify (Driver's License and cell phone bills are not acceptable for audit purposes)			School Name			
			Non-TLDSB Previous School Name and Board Name			
			Address (include Province/Country & Phone Number of Previous School)			
			Language of Instruction			
			Last Date of Attendance			
Board Residence Status	Pupil of the Board <input type="checkbox"/>	Other Pupil <input type="checkbox"/>	Study Permit/Temporary Pupil <input type="checkbox"/>	Native Education Authority <input type="checkbox"/>	Government of Canada <input type="checkbox"/>	E-Learning (from other board) <input type="checkbox"/>
Citizenship						
Citizen of:	Canada <input type="checkbox"/>	Other <input type="checkbox"/> (list country) _____				
Study Permit/Visitor Record <input type="checkbox"/>	Diplomat Status/Minister's Permit <input type="checkbox"/>	Exchange Student <input type="checkbox"/>	Parent Work/Study Permit <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Refugee <input type="checkbox"/>	Other Status <input type="checkbox"/>
City of Birth	Province of Birth	Country of Birth	Date of First Entry to Canada	Verified Canadian Stamped Date of Entry on Passport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Country/Province of Current Residence:		First Language		Has you previously been receiving English as a Second Language (ESL) instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Documentation Examined and Verified for Eligibility-- Documents Should Not Be Copied						
Permanent Resident: Parent Guardian <input type="checkbox"/>	Adult Student <input type="checkbox"/>	Permanent Resident Stage 1 Approval Letter <input type="checkbox"/>				
<input type="checkbox"/> Confirmation of Permanent Residence Form 5292 (Box 36 – Original Date of Entry and Box 45 – Date became a Permanent Resident)						
<input type="checkbox"/> Permanent Resident Card (original date of entry)						
<input type="checkbox"/> Consideration of Eligibility – Convention Refugees – date stamped						
Perm Res. Equivalent Documentation form Immigration, Refugees And Citizenship Canada (IRCC confirming approval in principle) <input type="checkbox"/>						
Type of Document Reviewed	Date of Document: (DD-MM-YYYY)					
Confirmation of Refugee Status documentation from IRCC <input type="checkbox"/>	Other/Fee Paying Pupil <input type="checkbox"/>					
Consideration of Eligibility (Convention Refugee) <input type="checkbox"/>	Fees Paid by (Agency/Other): _____					
Date of Entry (stamped date on document) (DD-MM-YYYY) _____	Total Tuition Fee Paid \$ _____ Date _____					
Parent Study Permit <input type="checkbox"/> (file copy of Acceptance Letter in student OSR)	Student Study Permit <input type="checkbox"/>					
Verify below that the parent is a full-time student enrolled in a program that leads to graduation:	Dates Valid (DD-MM-YYYY) _____					
Enrolled full time in: Program Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/>	Exchange Student <input type="checkbox"/> (Agency Name): _____					
Parent Work Permit <input type="checkbox"/>	Dates from/to _____					
Dates Valid (DD-MM-YYYY) _____	Country of Exchange _____					
Documentation from IRCC confirming approval of Work Permit <input type="checkbox"/>	Reciprocal Student _____					
Other Circumstances: (Please Specify and Indicate Valid Dates) (exp. Diplomat Status, Minister's Permit)						

Special Education

Have you had assessments in: Vision Hearing Speech Psychological Services

Have you been formally identified by an Identification, Placement, and Review Committee?
 Yes No

If so, what is the IPRC Identification? _____

Do you have an Individual Education Plan (IEP)? Yes No Subjects

Suspension/Expulsions

Are you currently suspended from any school in Ontario? Yes No

If Yes, provide name of the school and the School Board _____

Have you ever been expelled from any school in Ontario? Yes No

If Yes, provide name of the school, the School Board and a contact name

Voluntary and Confidential – First Nations, Métis, and Inuit Self-Identification

Students are encouraged to voluntarily and confidentially disclose Indigenous ancestry. No proof of ancestry is required. Voluntary self-identification is for anyone with status and non-status Indigenous ancestry.

I consider myself to be of First Nations, Métis, and Inuit Ancestry

Select all that apply:

First Nations Métis Inuit

With information collected through self-identification, Trillium Lakelands DSB is able to support the success of Indigenous students, improve the effectiveness of programs for Indigenous students, and build stronger relationships with Indigenous students and families.

Emergency Contacts and Next of Kin

Emergency Contact 1		Relationship to Student	
Last Name, First Name			
Address, if different from student			
Home Phone	Cell Phone	Email	
Can Contact in an Emergency <input type="checkbox"/>	Place of Employment	Business Phone	
Can Contact at Work <input type="checkbox"/>			
Emergency Contact 2		Relationship to Student	
Last Name, First Name			
Address, if different from student			
Home Phone	Cell Phone	Email	
Can Contact in an Emergency <input type="checkbox"/>	Place of Employment	Business Phone	
Can Contact at Work <input type="checkbox"/>			
Next of Kin (if not listed above)		Relationship to Student	
Last Name, First Name			
Address, if different from student			
Home Phone	Cell Phone	Email	
Can Contact in an Emergency <input type="checkbox"/>	Place of Employment	Business Phone	
Can Contact at Work <input type="checkbox"/>			

Siblings			
Surname	First Name	School Attending (if different)	Grade

Medical			
Dr. Name	Phone Number	Health Card (Optional)	
Student wears a MedicAlert Bracelet/Necklace	Yes <input type="checkbox"/>	Registration #	
Immunization Record Received for Health Unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FOR OFFICE USE

*If you answer "Yes" to any of the medical conditions below, you will be asked to complete a Plan of Care.

ASTHMA Do you have Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Do you require an inhaler for asthma response Yes <input type="checkbox"/> No <input type="checkbox"/> NOTES:	Asthma Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
ANAPHYLAXIS Do you have Anaphylactic Reactions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to: _____ Do you require epinephrine as part of an emergency response? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTES:	Anaphylaxis Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
EPILEPSY Do you have Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTES:	Epilepsy Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
DIABETES Do you have Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTES:	Diabetes Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER MEDICAL CONDITIONS Do you have other serious or life-threatening medical conditions, serious allergies or health needs that may require intervention or emergency response at school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please briefly describe:	Medical Management and Response Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>

Office Use Only			
OST or Credit Counselling Summary Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
OSSLT Successfully Completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Documentation of Completed Community Service Hours Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hours _____
Please obtain proof.			

Permissions/Consents

The permission/consent will apply for the duration of your attendance at this school.

Student's name _____ Your name _____

Please indicate below whether you consent/give your permission in respect of each of the matters set out below:

I give permission for my information to be shared with parent/guardian

I give consent/permission
I do not give consent/permission

I have read the Appropriate Use of Digital Technology, Content and Services Policy (available on the TLDSB website and at your school) and in regards to accessing the Internet and to use technology / technology services (whether owned or licensed to the TLDSB) while at school. I understand that my use of technology is subject to the requirements and terms of this Policy.

I give consent/permission
I do not give consent/permission

My photograph/name may be displayed in school buildings (other than the student's classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent/permission
I do not give consent/permission

My school work/name may be displayed in school buildings (other than the student's classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent/permission
I do not give consent/permission

Canada Anti-Spam Legislation Consent (CASL): I consent to receive commercial electronic messages about school pictures, field trips, yearbook sales, food programs, event tickets, or similar events or offers to sell goods and services.
(If others wish to consent, please fill out/sign the TLDSB School-to-Home Communication Consent Form For Parents and Guardians, available separately.)

I give consent/permission
I do not give consent/permission

Date: _____

Signature: _____

**NOTE: When spectators – including family or media – are invited to school events off school property, the event becomes a public event and anyone in attendance is permitted to take photographs without first obtaining parental consent. Please contact your school Principal or the TLDSB Communication Department if you need clarification.*

Privacy of Confidential Information

The personal information you have provided on this form will be used by school staff members to collect information in keeping with the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The principle purpose for the collection of this information is to provide confirmation of Pupil Eligibility for English as a Second Language (ESL), residency and the right to attend without paying tuition fees. The board can retain the attestation form in a way that meets the boards own unique needs, however the board needs to be able to produce the relevant documentation for auditing purposes. For questions about this collection, speak to the school principal.

Acknowledgement and Certification

- I certify the information included on this form is accurate and that I have examined and verified the applicable information as indicated. This personal information will be maintained in keeping with Freedom of Information and Privacy Legislation.
- I understand that it is my responsibility to advise the school immediately of any changes to the information provided on this form.
- I understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization if deemed necessary.
- I acknowledge that the school accepts no liability for thefts which may occur on the school premises.

Signature of Student

Print Name

Date of Signing

Administrator:

Signature of Principal

Print Name

Date of Signing

Office Administrator:

Signature of Office Administrator

Print Name

Date of Signing