



## STUDENT PERSONAL INFORMATION PART 2

Student's Country of Birth: \_\_\_\_\_ If Canada, Province of Birth: \_\_\_\_\_

Arrival Date (into Canada): YYYY                      Expiry Date (if applicable): YYYY                       
YEAR MONTH DAY YEAR MONTH DAY

### If arrived within the past five years, complete the Confirmation of Pupil Eligibility form - GF008.1.

Status in Canada: (check one)  Canadian Citizen  Permanent Resident  Refugee  
 Exchange student  Temporary Resident  Parent on Work Permit  
 International Student  Parent on Study Permit  Student on Study Permit

Country of Last Residence: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Please provide the school with a copy of the student's most recent Report Card.

**INDIGENOUS STUDENT (Voluntary Self-Identification):** For the purposes of supporting First Nation, Métis and Inuit student achievement objectives of Dufferin-Peel Catholic District School Board and the Ministry of Education, as well as reporting student achievement to the Ministry of Education and the Education Quality and Accountability Office;

**I/we choose to voluntarily self-identify my/this child's ancestry as:**  First Nation  Inuit  Métis

## ADDITIONAL INFORMATION

Language(s) spoken by student:

_____	<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home	Remark: _____
_____	<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home	Remark: _____
_____	<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home	Remark: _____

## STUDENT ADDRESS

NUMBER STREET UNIT TYPE (e.g. Apt.) UNIT #

CITY POSTAL CODE PHONE #

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

Proof of Residence Sources: \_\_\_\_\_  
(e.g., property tax bill, current utility bill, e-bill, real estate document or Government of Canada issued forms)

Please indicate if this student:  lives in a group home  lives independently of parent or guardian  
 has recently enrolled in a CCTC program (Care, Treatment, Custody, Corrections)

## PARENT/GUARDIAN CONTACT INFORMATION

### Custody Information

Who has legal custody?  Both parents  Father only  Mother only  I am 16/17 years of age and have voluntarily withdrawn from parental control  
 Other

Are there any special arrangements pertaining to access/visitation?  No  Yes - Documentation provided  
If yes, then the most recent original Court Order to support custody must be provided (a verified copy to be stored in the OSR)

### PARENT/GUARDIAN 1

Separate School Supporter:  Yes  No Speaks English

Emergency Priority (Select one):  1  2  3

TITLE	FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
-------	------------	-----------	-------------------------

Address:  Same as student or \_\_\_\_\_

Home Phone:  Same as student or \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For more information, please refer to Canada's Anti-Spam Law (*CASL Consent Below*)

### PARENT/GUARDIAN 2

Separate School Supporter:  Yes  No Speaks English

Emergency Priority (Select one):  1  2  3

TITLE	FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
-------	------------	-----------	-------------------------

Address:  Same as student or \_\_\_\_\_

Home Phone:  Same as student or \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For more information, please refer to Canada's Anti-Spam Law (*CASL Consent Below*)

### EMERGENCY CONTACT: Other than the the two Parent/Guardian contacts above.

Emergency Priority (Select one):  1  2  3 Speaks English  Gender:  Female  Male

TITLE	FIRST NAME	LAST NAME	RELATIONSHIP TO STUDENT
-------	------------	-----------	-------------------------

Address:  Same as student or \_\_\_\_\_

Home Phone:  Same as student or \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## SPECIAL EDUCATION/SPECIAL NEEDS

- Does student have special education/diverse learning need?..... Yes  No
- Does student have or require specialized equipment? ..... Yes  No
- In your current school/board, is this student involved in special education programs and/or services? ..... Yes  No
- Does this student have an Individual Education Plan (IEP)? ..... Yes  No
- Does this student have a safety plan/behavioural plan? ..... Yes  No
- Has this student been identified as an exceptional student? through the Identification Placement Review Committee (IPRC)? ..... Yes  No

If yes, date of most recent IPRC review, as appropriate: \_\_\_\_\_

- Is the student's transition plan attached to the IEP?..... Yes  No

### ENGLISH LANGUAGE LEARNERS (ELL)

- In your current school/board, does this student receive ESL/ELD services? ..... Yes  No

## SAFE SCHOOLS

### SUSPENSION/EXPULSION

- Is the student currently serving a suspension? ..... Yes  No
- Is the student currently participating in a program for suspended students? ..... Yes  No
- Is the student expelled from any school and, if yes, have they successfully completed a program for expelled students?..... Yes  No

## CANADA'S ANTI-SPAM LAW CONSENT

Under Canada's Anti-Spam Law (CASL) the Dufferin-Peel Catholic District School Board requires your consent to send you electronic messages about commercial activities which may include email or texts about such things as field trips, yearbooks, uniforms, school pictures, fundraising activities and events, food and drink purchases, books, prom or dance tickets, sporting/athletic events or similar events and offers. We are seeking your consent to send commercial electronic messages to the email addresses provided on this form.

We consent to receive electronic messages of a commercial nature as outlined above to the email addresses or cell phones provided on this form for the purpose of supporting my student's educational program and activities.

Your consent remains in effect as long as the student attends a DPCDSB school unless you withdraw it. If you have any questions, or wish to revoke your consent at any time please contact your school principal.

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

Email Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

(or Student if 18 years of age or older - OR - if you are 16/17 and have withdrawn from parental control)

## R.O.P.S.S.A.A.

### PLEASE NOTE:

A school transfer could affect eligibility to participate in DPCSB approved athletics. "Any secondary student who attended another secondary (anywhere) in the previous 12 months must be approved by the ROPSSAA Transfer and Eligibility Committee prior to participating in ROPSSAA activities".

## SIGNATURES

### PLEASE NOTE:

Upon receipt of a completed registration form, the school will request the student's Ontario Student Record (OSR - a cumulative record that follow students as they progress through school) from the student's former school of copies of student records from schools in other provinces. In some cases, the former school may be contacted to request information in advance of the receipt of the OSR for the purpose of establishing an appropriate educational program and placement for the student, and for the safety of the students and staff. More information about the Dufferin-Peel Catholic District School Board information routine uses of student information can be found in the student agenda/handbook and on the school website. Questions may be addressed to the school principal.

### Falsifying information on this form may rescind the admission to this secondary school

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

(or Student if 18 years of age or older - OR -  
if you are 16/17 and have withdrawn from parental control - GF032)

Date: \_\_\_\_\_  
YEAR MONTH DAY

Signature of Principal/Designate: \_\_\_\_\_

Date: \_\_\_\_\_  
YEAR MONTH DAY

Information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); Sabrina's Law, 2005, S.O. 2005, c. 7 and Ryan's Law (Ensuring Asthma Friendly Schools), 2015, S.O. 2015, C. 3 in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Any questions regarding information collected, may be directed to the school principal or to the Records Management and Access & Privacy Administrator, 40 Matheson Blvd West, Mississauga, ON L5R 1C5 (905) 890-1221 ext. 24443

## OFFICE USE ONLY

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Documents to be filed in the OSR:

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Transcript of marks   | <input type="checkbox"/> Newcomer Reception Centre Report                         |
| <input type="checkbox"/> Copy of the most recent Original Custody Order if applicable (original document to be viewed and verified) |   |
| <input type="checkbox"/> Confirmation of Pupil Eligibility - GF008.1  | <input type="checkbox"/> Network User Agreement - GF066                           |
| <input type="checkbox"/> IEP Documentation/Safety Plan/Behaviour Plan   | <input type="checkbox"/> Flex Boundary Documentation - GF105.6                    |
| <input type="checkbox"/> IPRC Documentation   | <input type="checkbox"/> Medication Forms -Medical Health Form - GF035            |
| <input type="checkbox"/> Registration form - GF008S   | <input type="checkbox"/> P.E.D. (Personal Electronic Device) Agreement - GF542.00 |
| <input type="checkbox"/> Application for Direction of School Support - GF005 / Lease Agreement - GF006D and GF006P                  |   |
| <input type="checkbox"/> Secondary School Religious Expecatations and Requirements - Letter of Acknowledgement - GF010              |   |

### Original documents to be viewed and verified but not filed in the OSR

- |   |   |
|---|---|
| <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> Passport   |
| <input type="checkbox"/> Citizenship/Immigration/Intl. Student Verification   | <input type="checkbox"/> Ontario Immunization Reference # _____   |
| <input type="checkbox"/> Proof of Residence Sources:<br>(e.g., property tax bill, current utility bill, e-bill, real estate document<br>or Government of Canada issued forms) | <input type="checkbox"/> Immunization/Vaccine Record or New School Registrant -<br>Immunization Submission Form |

Office Signature: \_\_\_\_\_

CC: Copy to be filed in the OSR