



Student Registration and Information Form – Elementary School

The Mission of the Dufferin-Peel Catholic District School Board, in partnership with the family and church, is to provide, in a responsible manner, a Catholic education which develops spiritual, intellectual, aesthetic, emotional, social, and physical capabilities of each individual to live fully today and to meet the challenges of the future, thus enriching the community.

STUDENT PERSONAL INFORMATION PART 1

OEN #: _____

Legal Names: (Students are registered by their legal name which will be used on legal documents. The student’s preferred name will be used at school)

Surname: _____ First Name: _____ Middle Name: _____

Preferred Names: Same as Legal Names, or

First Name: _____

Gender: Female Male Birthdate: YYYY
YEAR MONTH DAY

Current school attended: _____

First day of entry to any school in Ontario: YYYY
YEAR MONTH DAY

Current School Board: _____

If the student is entering from outside of Ontario, please indicate name of _____
TERRITORY / PROVINCE / COUNTRY

Does this student have sibling(s) in DPCDSB? Yes No **If yes:** Elementary Secondary

If yes, provide full name(s): _____

Does this student have sibling(s) in another school board? Yes No

If yes, state name of school board: _____

This student is the: only eldest youngest in their family, at this school.

Is this student Roman Catholic, or, in an Eastern Church in full communion with the Holy See of Rome? Yes No
Note: Students/Parents/Guardians registering at St. Sofia School must be baptized in the Byzantine Rite of the Roman Catholic Church

If yes, provide and original Roman Catholic Baptismal Certificate **If no,** receive Sacramental Preparation letter from school

If yes: Date of Baptism YYYY Church and City: _____
YEAR MONTH DAY

If no, specify which is Catholic*: Mother Father Legal Guardian
Note: An original Roman Catholic Baptismal Certificate of one of the parents/guardians must be provided at the time of registration of the student.

MEDICAL CONDITION(S)/ALERT

LIFE THREATENING MEDICAL CONDITIONS (prevalent)

Does the student have a “Life Threatening” medical condition (anaphylaxis, asthma, diabetes, epilepsy)? Yes No

Please provide details: _____

Does the student require an EPIPEN?: Yes No

Does the student require Insulin, Glucagon, other? Please specify: _____

NON-LIFE THREATENING MEDICAL CONDITIONS

Are there any non-life threatening medical conditions the school should be aware of? Yes No

Please provide details: _____

PARENT/GUARDIAN CONTACT INFORMATION

Custody Information

Who has legal custody? Both parents Father only Mother only 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 4

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 4

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)

CAREGIVER CONTACT (Complete this section if child care is provided at a different address from the student's)

Emergency Priority (Select one): 1 2 3 4

NAME OF CAREGIVER OR TITLE FIRST NAME LAST NAME

Relationship to Student _____

Address: _____

Phone: _____ Alternate Phone: _____ Cell Phone: _____

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

Emergency Priority (Select one): 1 2 3 4 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: _____

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 elementary school

Signature of Parent/Guardian: _____ 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"/> Newcomer Reception Report | <input type="checkbox"/> P.E.D.S. (Personal Electronic Device) Agreement - GF542.00 |
| <input type="checkbox"/> IPRC Documentation | <input type="checkbox"/> IEP Documentation/Safety Plan/ Behaviour |
| <input type="checkbox"/> Baptismal Certificate of Student | <input type="checkbox"/> Medication Forms - Medical Health Form - GF035 |
| <input type="checkbox"/> Baptismal Certificate of Parent/Guardian (if applicable) | <input type="checkbox"/> Flex Boundary Documentation - GF105.06 |
| <input type="checkbox"/> Confirmation of Pupil Eligibility - GF008.1 | <input type="checkbox"/> Network User Agreement - GF066 |
| <input type="checkbox"/> Registration form - GF008E | |
| <input type="checkbox"/> Copy of most recent Custody Order if applicable (original document to be viewed and verified) | |
| <input type="checkbox"/> Application for Direction of School Support - GF005 / Lease Agreement - GF006D and GF006P | |

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

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Citizenship/Immigration/Intl. Student Verification
(submit to admissions) |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Immunization for New to the Province |
| <input type="checkbox"/> Proof of Residence Sources:
(e.g., property tax bill, current utility bill, e-bill, real estate document or Government of Canada issued forms) | |

Office Signature: _____

CC: Copy to be filed in the OSR