

# ELEMENTARY REGISTRATION FORM

ALGONQUIN AND LAKESHORE  
CATHOLIC DISTRICT SCHOOL BOARD



<b>Student Information:</b> Start Date: _____				<b>School Name:</b> _____			
Student Previously Attended (This School) <input type="checkbox"/> Yes <input type="checkbox"/> No				Student OEN # _____ - _____ - _____			
Student Name Surname _____ First Name _____ Middle Name _____			<input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Record <input type="checkbox"/> Other (e.g. Visa Students) <input type="checkbox"/> Passport Copy Required				
Legal Name (if different from above) _____							
Grade: _____		Birth Date (Month) _____ (Day) _____ (Year) _____		Male <input type="checkbox"/>	Female <input type="checkbox"/>		
House No. _____	Apt. No. _____	Street _____		City _____	Province _____	Postal Code _____	
R.R. _____	P.O. Box _____	Lot _____	Sub Lot _____	Concession _____	Township/Municipality _____		County _____
Telephone # _____		Student's First Language _____ Language spoken at home _____			Transportation Required <input type="checkbox"/> Yes <input type="checkbox"/> No To/From <input type="checkbox"/> Home <input type="checkbox"/> Caregiver		
Does the Student Have an Individual Education Plan (IEP)? <input type="checkbox"/> Yes (Please attach) <input type="checkbox"/> No							
<b>Religion</b>							
Roman Catholic: <input type="checkbox"/> Yes (provide baptismal certificate) <input type="checkbox"/> Other _____				Parish Name and Location			
<i>Roman Catholic includes a member of a Greek, Ukrainian or any Eastern Rite Catholic Church in union with the See of Rome.</i>							
Sacramental History – Indicate date(s) when Sacraments received: (day/month/year)							
<input type="checkbox"/> Baptism ___/___/___ <input type="checkbox"/> First Communion ___/___/___ <input type="checkbox"/> Reconciliation ___/___/___ <input type="checkbox"/> Confirmation ___/___/___ <input type="checkbox"/> I give permission to distribute information on sacraments to the parish priest.							
<b>Residency</b>							
Was the student born a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please indicate appropriate status below)							
<input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visa Student <input type="checkbox"/> Other Visa <input type="checkbox"/> Refugee <input type="checkbox"/> First Nation Reserve				Country of Birth _____ Province of Birth _____ Date of Entry into Canada _____ (Month/Year)			
<b>Mother/Guardian Information</b>				<b>Father/Guardian Information</b>			
Name: _____				Name: _____			
Address: (if different than student) _____				Address: (if different than student) _____			
Are you an elector of the Catholic English Separate school system? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you an elector of the Catholic English Separate school system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email: _____				Email: _____			
Home Phone: _____	Work Phone: _____	Cell Phone: _____		Home Phone: _____	Work Phone: _____	Cell Phone: _____	
<b>Living With:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Parents Alternately <input type="checkbox"/> Other (e.g. Grandparents, Foster parents) _____							
<b>Custody:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint (please provide court custody order) <input type="checkbox"/> Other (e.g. Grandparents, CAS) _____							
Do you have siblings attending this school? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name(s) of Sibling(s) _____							

**Other Contacts**

In case of Emergency, another **Adult** the school may contact if unable to reach parent/guardian.

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Caregiver Information: Please include name, address and phone number.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**In the event of school closure please contact:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_ Dr. Telephone No.: \_\_\_\_\_

Special Medical Needs/Allergies:

(Parent/guardian should complete all appropriate forms from Policy No. S-2010-05-04 "Pupils with Special Medical Care Needs and/or Emergency Medical Needs". Forms available from Administration)

**VOLUNTARY Aboriginal Self-Identification**

<p><b>Check if applicable:</b></p> <p><input type="checkbox"/> Student is of Aboriginal Ancestry</p>	<p><b>Optional:</b> Indicate the People(s) related to student's ancestral origin. If of mixed ancestry, check off all that apply:</p> <p><input type="checkbox"/> First Nation _____(identify)</p> <p><input type="checkbox"/> Métis</p> <p><input type="checkbox"/> Inuit</p>
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**For Students Transferring from Another Elementary School**

Name, Address and Phone No. of Last School Attended: \_\_\_\_\_

**Permission for School to Release Personal Information for Specific Purposes**

**Yes**, the school is permitted to use this student's personal information (name, photograph, image, description, voice recording) for the uses described below and for no other purpose:

**No**, the school is not permitted to use this student's personal information (name, photograph, image, description, voice recording) for uses described below:

- Publications sent to some or all households within the ALCDSB jurisdiction (e.g. yearbook)
- Communication material (news releases, backgrounders) that may be released to the media (e.g. awards/scholarships, participation in organized events)
- The school and board website
- Participation in an event where representatives of the media may be present (e.g. sporting events, community service projects)

Parent/Guardian Signature: X \_\_\_\_\_

**Philosophy of the Catholic System:** "The Catholic School System exists for children whose parents have chosen to educate them in a Christian philosophy within the Catholic Tradition." In requesting admission for my child, I recognize the significance of the above and am prepared to support it and the school system objectives.

\_\_\_\_\_ x \_\_\_\_\_  
Date Parent/Guardian Signature

\_\_\_\_\_ x \_\_\_\_\_  
Date School Principal/Designate

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Algonquin and Lakeshore Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the School Principal.