

ELEMENTARY REGISTRATION FORM

ALGONQUIN AND LAKESHORE
CATHOLIC DISTRICT SCHOOL BOARD



Student Information: Start Date: _____				School Name: _____			
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							
Religion							
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.							
Residency							
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				Country of Birth _____			
<input type="checkbox"/> Refugee				Province of Birth _____			
<input type="checkbox"/> First Nation Reserve				Date of Entry into Canada _____ (Month/Year)			
Mother/Guardian Information				Father/Guardian Information			
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: _____	
Living With: <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) _____							
Custody: <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:

(Parent/guardian should complete all appropriate forms from Policy No. 1999-12-2 "Pupils with Special Medical Care Needs and/or Emergency Medical Needs". Forms available from Administration)

VOLUNTARY Aboriginal Self-Identification**Check if applicable:**

Student is of Aboriginal Ancestry

Optional:

Indicate the People(s) related to student's ancestral origin. If of mixed ancestry, check off all that apply:

- First Nation _____ (identify)
 Métis
 Inuit

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 contained on this form has been collected under the authority of the Education Act R.S.O. 1990, cE.2 and will be used to prepare assessment records, maintain records for students, statutory reporting. Users: Principal of student, all teachers responsible for the student's program, designated staff for clerical functions and assessment and transportation departments.