

School Name:			Grade: <input type="checkbox"/> JK <input type="checkbox"/> SK
Student Details			
Legal Name:	(Surname) (First Name) (Middle Name)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Preferred Name:	(Surname) (First Name) (Middle Name)	Date of Birth: _____ dd mm yyyy	

Previous School (For SK Registration)			
Previous School Attended:			
Address:	(Number/Street)	(City)	(Province/State) (Country)
Previous Board Attended:			
Language of Instruction:		Departure Date:	
Last Grade Attended:		Reason for Transfer:	

Citizenship Information (See Verification of Ontario Residency & Status in Canada form, page 4)			
Indigenous Student (Refer to Voluntary Self-Identification Policy): <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> First Nations	<input type="checkbox"/> Metis <input type="checkbox"/> Inuit

Language Information			
Language Name:	<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home	<input type="checkbox"/> Main Language at Home
Language Name:	<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home	<input type="checkbox"/> Main Language at Home

Medical Information			
Health Card Number:	Version:	Immunization Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Peril: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Peril: Alerts and Condition		Explanation (Remark)	

Address: <input type="checkbox"/> Home (Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3)			
Number:	Unit:	Street:	
City/Town:		Province:	Postal Code:
Delivery Type: <input type="checkbox"/> General Delivery <input type="checkbox"/> PO Box <input type="checkbox"/> Rural Route		Delivery No:	Phone:
Additional Delivery Information:			

Transportation	
Bus Transportation Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address: <input type="checkbox"/> Pick up (If different from Home Address) (Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3)			
Number:	Unit:	Street:	
City/Town:		Province:	Postal Code:
Delivery Type: <input type="checkbox"/> General Delivery <input type="checkbox"/> PO Box <input type="checkbox"/> Rural Route		Delivery No:	Phone:
Additional Delivery Information:			

Address: <input type="checkbox"/> Drop off (If different from Home Address) (Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3)			
Number:	Unit:	Street:	
City/Town:		Province:	Postal Code:
Delivery Type: <input type="checkbox"/> General Delivery <input type="checkbox"/> PO Box <input type="checkbox"/> Rural Route		Delivery No:	Phone:
Additional Delivery Information:			

Contact 1			
Contact Relationship Information			
Relationship:		Contact Priority: 1 2 3 4	Closure Priority: 1 2 3 4
Access (Check all that apply): <input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Lives With Student <input type="checkbox"/> Access to Records <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language			
Contact Personal Information			
Title:	Surname:	First Name:	Middle Name:
Gender:	Birth Country:	Status in Canada:	
Place of Employment:			
Contact Language Information			
Language Name:		<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home
Contact Address Information <input type="checkbox"/> Same as Student Home Address (Priority 1) <input type="checkbox"/> Same as Student Home Address (Priority 2)			
Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Business		Address Format: <input type="checkbox"/> Civic <input type="checkbox"/> Rural	
Number:	Unit:	Street:	
City/Town:		Province:	Postal Code:
Delivery Type: <input type="checkbox"/> General Delivery <input type="checkbox"/> PO Box <input type="checkbox"/> Rural Route		Delivery No:	
Additional Delivery Information:			
Contact Phones			
Priority: 1	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	()	Ext. <input type="checkbox"/> Listed
Priority: 2	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	()	Ext. <input type="checkbox"/> Listed
Contact Email			
Priority: 1	Email:		<input type="checkbox"/> CASL (**Consent for emails of a commercial nature)

Contact 2			
Contact Relationship Information			
Relationship:		Contact Priority: 1 2 3 4	Closure Priority: 1 2 3 4
Access (Check all that apply): <input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Lives With Student <input type="checkbox"/> Access to Records <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language			
Contact Personal Information			
Title:	Surname:	First Name:	Middle Name:
Gender:	Birth Country:	Status in Canada:	
Place of Employment:			
Contact Language Information			
Language Name:		<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home
Contact Address Information <input type="checkbox"/> Same as Student Home Address (Priority 1) <input type="checkbox"/> Same as Student Home Address (Priority 2)			
Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Business		Address Format: <input type="checkbox"/> Civic <input type="checkbox"/> Rural	
Number:	Unit:	Street:	
City/Town:		Province:	Postal Code:
Delivery Type: <input type="checkbox"/> General Delivery <input type="checkbox"/> PO Box <input type="checkbox"/> Rural Route		Delivery No:	
Additional Delivery Information:			
Contact Phones			
Priority: 1	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	()	Ext. <input type="checkbox"/> Listed
Priority: 2	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	()	Ext. <input type="checkbox"/> Listed
Contact Email			
Priority: 1	Email:		<input type="checkbox"/> CASL (**Consent for emails of a commercial nature)

Contact 3			
Contact Relationship Information			
Relationship:		Contact Priority: 1 2 3 4	Closure Priority: 1 2 3 4
Access (Check all that apply): <input type="checkbox"/> Guardian <input type="checkbox"/> Custody <input type="checkbox"/> Lives With Student <input type="checkbox"/> Access to Records <input type="checkbox"/> Receives Mail <input type="checkbox"/> Speaks School Language			
Contact Personal Information			
Title:	Surname:	First Name:	Middle Name:
Gender:	Birth Country:	Status in Canada:	
Place of Employment:			
Contact Language Information			
Language Name:		<input type="checkbox"/> First Language	<input type="checkbox"/> Spoken at Home

Contact 3 (Continued)			
Contact Address Information		<input type="checkbox"/> Same as Student Home Address (Priority 1)	<input type="checkbox"/> Same as Student Home Address (Priority 2)
Address Type: <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Business		Address Format: <input type="checkbox"/> Civic <input type="checkbox"/> Rural	
Number:	Unit:	Street:	
City/Town:		Province:	Postal Code:
Delivery Type: <input type="checkbox"/> General Delivery <input type="checkbox"/> PO Box <input type="checkbox"/> Rural Route		Delivery No:	
Additional Delivery Information:			
Contact Phones			
Priority: 1	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	()	Ext. <input type="checkbox"/> Listed
Priority: 2	Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business	()	Ext. <input type="checkbox"/> Listed
Contact Email			
Priority: 1	Email:		<input type="checkbox"/> CASL (**Consent for emails of a commercial nature)

Sibling Information		
Last Name	First Name	School
1.		
2.		
3.		

Child Care Information (If applicable)		
Provider:		
Address:	Number/Street	City/Township Postal Code
Phone Number: ()	Business Phone Number: ()	
Provider:		
Address:	Number/Street	City/Township Postal Code
Phone Number: ()	Business Phone Number: ()	

Pre-School Experiences (If applicable)
Nursery/Child Care:
Group Experiences: (swimming/skating/gymnastics/library)
Community Special Services:

Please note any additional information of which the school should be aware

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually. Any questions with respect to this information should be directed to the School Administrator in which the student is registering.

*Email address will be used to provide information to Guardians such as student progress and information nights and access to the parent portal.

**Email address will also be used to provide information of a commercial nature. Canada's Anti-Spam Legislation (CASL) prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Algoma District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.

I certify that the information provided on this form is accurate.

Signature of Parent/Legal Guardian

Date



ALGOMA DISTRICT SCHOOL BOARD

644 Albert St. East, Sault Ste. Marie, ON P6A 2K7

Phone: 705-945-7111 Fax: 705-942-2540

www.adsb.on.ca

VERIFICATION OF ONTARIO RESIDENCY & STATUS IN CANADA

SCHOOL STUDENT IS ENROLLING AT: _____

The following form is to be filled out by school staff members. Documents are to be viewed and signed by the Principal. Please keep in the student's OSR file.

School Staff are not permitted to take photocopies of any personal documents.

<u>STUDENT INFORMATION</u>	
Legal Last Name: _____	Usual Last Name: _____
Legal First Name: _____	Preferred First Name: _____
Legal Middle Name: _____	Date of Birth: _____ dd mm yyyy

<u>PROOF OF ONTARIO RESIDENCY (ADDRESS):</u> <i>(check off what has been presented – only one is required)</i>		
Current Purchase or Lease Agreement: <input type="checkbox"/>	Current Utility Bill: <input type="checkbox"/>	Current Property Tax Bill: <input type="checkbox"/>
Current Home Phone Bill/ Cable Bill/ Internet Bill: <input type="checkbox"/>	Other (please specify): _____	
*NOTE: per Ministry guidelines a driver's license is not acceptable		

<u>CITIZENSHIP INFORMATION</u>	
<i>Please check-off one of the following boxes and present proof of status in Canada</i>	
Canadian Citizen: Yes <input type="checkbox"/>	No <input type="checkbox"/> (If No – please contact Julia Perri to continue the registration process at (705) 945-7233.)
If yes: City & Province of Birth: _____	
Document Presented (only one is required): Canadian Birth Certificate <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Canadian Citizenship Certificate/Card <input type="checkbox"/>	

I confirm that I have seen the above noted information, and verify it to be accurate and true:

Principal Signature

Date: