



ACCESSIBILITY:

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Confidential – Please Print

Student Information

LEGAL Name - Last: _____ First: _____ Middle: _____

Preferred Name - Last: _____ First: _____ Middle: _____

Date of Birth: _____ (Year) _____ (Month) _____ (Day)

Gender: Male Female Prefer not to disclose Prefer to specify/identify as: Male Female Another

Last School Attended: _____ Last Grade: ____ Last Date: _____

Last School Board Attended: _____

Siblings the student has at this school: _____

Is student Catholic? Yes No Current Parish: _____

IF YES, Baptism Date: _____ Year Month Day Baptism Parish: _____

Please read the following statement and check the box if agreed:

I consent to the release of limited personal information to the local Catholic parish to assist in the preparation of the sacraments.

- Submit proof of Immunization directly to the Region of Waterloo Public Health

Does student require an EPIPEN? Yes No EPIPEN Location: Carried by Student In Main Office

Does student have any serious or potentially life-threatening conditions? Yes No

MEDICAL ALERT, CONDITION OR DISABILITY Related Notes or Remarks (example, symptoms, severity, cause)

_____	_____
_____	_____
_____	_____

Status in Canada

- | | | |
|---|--|--|
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Native Ancestry | <input type="checkbox"/> Permanent Resident |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Study Permit/Visitor Record | <input type="checkbox"/> Diplomat Status/Ministry's Permit |
| <input type="checkbox"/> Exchange Student | <input type="checkbox"/> Parent's Work Permit | <input type="checkbox"/> Parent's Study Permit |

Was student born in Canada? Yes No IF YES, in which Canadian province? _____

IF NO, specify Birth Country: _____

Arrival Date in Canada: _____ Year Month Day Arrival Date in Province: _____ Year Month Day

Entered Canada as Refugee

Country of Last Residence: _____ Country of Citizenship: _____

Student's FIRST Language: _____ Spoken at Home Main Language at Home

Other Languages Spoken: _____ Spoken at Home Main Language at Home

Voluntary Indigenous Student Self-Identification

Student is (check one): First Nation (Status, Non-Status) Métis Inuit



Student's Home Address: _____
Number & Street Apt/Unit City Postal Code

Home Phone #: _____ Unlisted? Yes No

Will the student require transportation by bus?: Yes No

Pick-Up Address: (if different from home) _____

Drop Off Address: (if different from home) _____

Contacts

One parent or guardian **must** be listed who may be contacted in case of an emergency. Other contacts are optional. Please specify in what order people should be contacted.

Parent/Guardian: Last Name: _____ First Name _____ Male Female

Contact (check one): 1st 2nd 3rd Relationship to Student: _____ Catholic? Yes No

Phone: Home # _____ Work # _____ Ext: _____ Cell #: _____

Address (if different from student): _____
Number & Street Apt/Unit City Postal Code

Email Address: _____

Check ALL of the following that apply:

Guardian Custody Access to Records Receives Mail Lives with Student Speaks School Language

Parent/Guardian: Last Name: _____ First Name _____ Male Female

Contact (check one): 1st 2nd 3rd Relationship to Student: _____ Catholic? Yes No

Phone: Home # _____ Work # _____ Ext: _____ Cell #: _____

Address (if different from student): _____
Number & Street Apt/Unit City Postal Code

Email Address: _____

Check ALL of the following that apply:

Guardian Custody Access to Records Receives Mail Lives with Student Speaks School Language

Alternate Emergency Contact: Last Name: _____ First Name _____ Male Female

Contact (check one): 1st 2nd 3rd Relationship to Student: _____

Phone: Home # _____ Work # _____ Ext: _____ Cell #: _____

Check ALL of the following that apply:

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Parental Consent: In case of an emergency and/or as part of the Safe Arrival Program, I give permission for the school to contact the names and telephone numbers provided on this form. I verify that the information on this form is true and correct. I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible.

Signature of Parent/Guardian: _____ Date: _____

Disclaimer

Personal information is collected on this form pursuant to the Education Act s265 and 266. Information will be used for communications, educational planning and to establish the Ontario Student Record (OSR). Please note that any email addresses provided may be used to send communication which may be commercial in nature. Any questions related to the collection, use, and disclosure of student information should be directed to the Principal.

To be Completed by: Parent/Guardian

Description of Use: Copy: Main Office (Retention: Current +2 Years)