



**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: ☐ Female

☐ Male

☐ Prefer not to disclose

☐ Prefer to specify/identify as: ☐ Female ☐ Male ☐ Trans Female ☐ Trans Male ☐ 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.

Does student require an EIPEN? ☐ Yes ☐ No EIPEN 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**

☐ Canadian Citizen

☐ Native Ancestry

☐ Permanent Resident

☐ Refugee

☐ Study Permit/Visitor Record

☐ Diplomat Status/Ministry's Permit

☐ Exchange Student

☐ Parent's Work Permit

☐ 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 REGISTRATION Elementary School

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 # \_\_\_\_\_ Business # \_\_\_\_\_ 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 # \_\_\_\_\_ Business # \_\_\_\_\_ 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 # \_\_\_\_\_ Business # \_\_\_\_\_ Ext: \_\_\_\_\_ Cell #: \_\_\_\_\_

**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: \_\_\_\_\_

### Notice of Collection

Information on this form is collected under the authority of sections 265 and 266 of the Education Act and section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Information will be used for communications, educational planning, and to establish the Ontario Student Record (OSR). Questions about the use of this form should be directed to the school principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at [privacy@wcdsb.ca](mailto:privacy@wcdsb.ca), or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

**Completed by:** Parent/Guardian  
**Distribution:** Parent/Guardian → School  
**Retention:** Main Office (Current +2 Years)