

ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

Confidential – Please Print

STUDENT INFORMATION

	Last Name	First Name	Middle Name
LEGAL Name:			
Preferred Name:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:		
	Year	Month	Day
Last School Attended: _____	Last Grade: _____	Last Date Attended: _____	
Last School Board Attended: _____			
Siblings the student has at this school: _____			

SCHOOL USE ONLY	Legal Name and Date of Birth verified by:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Birth Registration	<input type="checkbox"/> Passport	<input type="checkbox"/> Permanent Resident Card
		<input type="checkbox"/> Certificate of Canadian Citizenship	<input type="checkbox"/> Record of Landing (Temporary Document)		

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 EPIPEN? Yes No • Submit proof of Immunization directly to the Region of Waterloo Public Health

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)

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

IF NO, specify Birth Country:

--

 Arrival Date in Canada:

--	--	--

Arrival Date in Province:

--	--	--

Year Month Day

Status in Canada: Canadian Citizen Refugee Permanent Resident

Student Visa Other Visa IF VISA, Visa Expiry Date:

--	--	--

Entered Canada as Refugee:

--	--	--

Year Month Day

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 ... First Nation (Status, Non-Status) Métis Inuit (check one)

SCHOOL USE ONLY	Status in Canada verified by:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Certificate of Registration of Birth Abroad	<input type="checkbox"/> Permanent Resident Card
		<input type="checkbox"/> Certificate of Canadian Citizenship	<input type="checkbox"/> Refugee-Consideration	<input type="checkbox"/> Passport
		<input type="checkbox"/> Record of Landing (Temporary Document)	<input type="checkbox"/> Other _____	

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 _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
-------------------------	-----------------	------------------	--

Check **one:** Contact 1st 2nd 3rd Relationship to the Student: _____ Catholic ? Yes No

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

Address (if different from student): _____
 Number and 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/Other:	Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
-------------------------------	-----------------	------------------	--

Check **one:** Contact 1st 2nd 3rd Relationship to the Student: _____ Catholic ? Yes No

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

Address (if different from student): _____
 Number and 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

Other Emergency Contact:	Last Name _____	First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
---------------------------------	-----------------	------------------	--

Check **one:** Contact 1st 2nd 3rd Relationship to the Student: _____

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

Check ALL of the following that apply:
 Guardian Custody Access to Records Receives Mail Lives with Student Speaks School Language

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 (Retain: Current +1 Year)