



ACCESSIBILITY:

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

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: _____

Is student Catholic? Yes No Current Parish: _____

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

- | | | |
|---|--|--|
| <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

Adult Students

Government of Ontario legislation specifies that when students turn 18 years of age, they are considered adults; parents/guardians are automatically removed from the student's contact list on their 18th birthday. If adult students wish to continue sharing information with parents/guardians, they must complete the Release of Information to Parents/Guardians (Form APC023-06F) which can be obtained from the school's main office.



STUDENT REGISTRATION Secondary School

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

Home Phone #: _____ Unlisted? Yes No

Contacts

Adult Students must have at least one parent/guardian or other adult listed who may be contacted in case of an emergency.

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:

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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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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 also 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: _____
(or Adult Student)

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.

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