

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: _____

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: _____

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)

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:

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 ... 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 _____	

STUDENTS 18 YEARS OF AGE

All Students who are 18 years of age are asked to complete the following statement to continue to share information with parents or guardians:

The Waterloo Catholic District School Board considers education to be a joint responsibility and partnership of student, parent(s) or guardian(s), and school personnel. However, once a student turns eighteen years of age, he/she is considered to be an adult. According to the Education Act, the school must have written consent from the student before we can share information regarding his/her attendance or academic progress.

Students 18 and Over Consent: I, _____ born on (date) _____ give permission to school officials to share information regarding my attendance and academic progress with my parent(s) and/or guardian(s).

Student's Signature: _____ Date: _____

STUDENT REGISTRATION FORM Secondary School

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

Home Phone # : _____ Unlisted? Yes No

Students 18 or older 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	<input type="checkbox"/> Male <input type="checkbox"/> Female
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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
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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
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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

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 Student over 18 years of age):

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/Adult Student
Description of Use: Copy: Main Office (Retain: Current +1 Year)