



SCHOOL:		CITY/TOWN:		DATE:	
STUDENT NUMBER:		ADMIT DATE:		OEN:	
VISA: <input type="checkbox"/>		GRADE:			
Legal Name: _____ Surname First Name Middle Name					
Preferred Name: _____ First Name		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: _____ YYYY MMM DD	
Siblings in this School: _____		Parish: _____			
Previous School Attended: _____		Phone No.: _____		Last Grade Attended: _____	
Previous Board Attended: _____		Municipality: _____			
Medical Conditions: N/A <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart <input type="checkbox"/> Other: _____					
Life Threatening Allergy: _____ Additional information re-health: _____					
Student has an I.E.P (Individual Education Plan): Yes <input type="checkbox"/> No <input type="checkbox"/>					
Country of Birth: _____		Country of Last Residence: _____		Citizenship: _____	
Status in Canada: _____		Entry Date to Canada: _____		Expiry Date: _____	
Mother Tongue: _____		Language(s) Spoken at Home: _____			
Home Address: _____ Number/Street Apt/Unit # City/Township Postal Code					
Mailing Address: _____ Number/Street Apt/Unit # City/Township Postal Code					
Post Office Box: _____		Home Phone Number: () _____		Listed <input type="checkbox"/> Unlisted <input type="checkbox"/>	
Proof of Age Verification		Birth Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Baptismal Certificate (Elementary Only): Student <input type="checkbox"/> Parent <input type="checkbox"/> None <input type="checkbox"/>	
Baptism Parish: _____		Date: _____		Communion Parish: _____ Date: _____	
Reconciliation Parish: _____		Date: _____		Confirmation Parish: _____ Date: _____	
Is the School Support at the above address directed to the Halton Catholic District School Board? Yes <input type="checkbox"/> No <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Boarder <input type="checkbox"/>					

Parent/Guardian Information

Name: _____ Title First Name Surname		Male <input type="checkbox"/> Female <input type="checkbox"/>		Religion: _____	
Relationship to Student: _____		Place of Employment: _____			
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/>		School Closure Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
Home Phone Number: () _____		Business Phone Number: () _____		Ext: _____	
Cell Phone Number: () _____		E-mail Address: _____			
Guardian: <input type="checkbox"/> Lives with Student: <input type="checkbox"/> Custody: <input type="checkbox"/>		Access to Records: <input type="checkbox"/>		Receives Mail: <input type="checkbox"/> Speaks School Language: <input type="checkbox"/>	
Address if different from student: _____ Number/Street Apt/Unit # City/Township Postal Code					
Name: _____ Title First Name Surname		Male <input type="checkbox"/> Female <input type="checkbox"/>		Religion: _____	
Relationship to Student: _____		Place of Employment: _____			
Emergency Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/>		School Closure Contact Priority: 1 <input type="checkbox"/> 2 <input type="checkbox"/>			
Home Phone Number: () _____		Business Phone Number: () _____		Ext: _____	
Cell Phone Number: () _____		E-mail Address: _____			
Guardian: <input type="checkbox"/> Lives with Student: <input type="checkbox"/> Custody: <input type="checkbox"/>		Access to Records: <input type="checkbox"/>		Receives Mail: <input type="checkbox"/> Speaks School Language: <input type="checkbox"/>	
Address if different from student: _____ Number/Street Apt/Unit # City/Township Postal Code					
Voluntary, Confidential Self-Identification: First Nation Ancestry <input type="checkbox"/> Inuit Ancestry <input type="checkbox"/> Métis Ancestry <input type="checkbox"/> Other Aboriginal Ancestry <input type="checkbox"/>					

Emergency Contact Information

Name: _____ Title First Name Surname		Male <input type="checkbox"/> Female <input type="checkbox"/>		Relationship to Student: _____	
Emergency Contact Priority: 3 <input type="checkbox"/> 4 <input type="checkbox"/>		School Closure Contact Priority: 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Home Phone: () _____	
Cell Phone: () _____		Business Phone: () _____		X: _____ E-mail: _____	
Name: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>		Relationship to Student: _____	

Title	First Name	Surname	Relationship to Student
Emergency Contact Priority: 3 <input type="checkbox"/> 4 <input type="checkbox"/>		School Closure Contact Priority: 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Home Phone: ()		E-mail: _____	
Cell Phone: ()		Business Phone: ()	

I certify that all the information provided for registration is accurate. Misrepresentation may negate registration process.

- A. Personal information is collected pursuant to the Education Acts 265 and 266. Information will be used for communication, 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.
- B. Acknowledgement: I verify that the information on this form is true and accurate. I understand it is my responsibility to keep the school advised of any change in the above information as soon as possible.

Parent/Guardian Signature: _____ Principal Signature: _____