

# Ready to Register??

Please bring the following to the  
SHDHS Guidance Office ASAP:



- **(pink)** Registration Form  
(Both sides must be fully completed)
- **Proof of Residency**  
(Anything showing name with current address)
- **(blue)** Course Selection sheet
- **Copy of Birth Certificate**





School Name: \_\_\_\_\_

<b>Student Information</b> <small>Note: Legal name must be as shown on legal documents (i.e. birth certificate, passport etc.) &amp; will appear on all school Official records (i.e. Report Cards/Transcripts)</small>			
Legal Surname	Date of Birth (mm/dd/yyyy)	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Legal Given Name	Voluntary Aboriginal Self-Identification <input type="checkbox"/> First Nation <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		
Legal Middle Name	Last School Attended/Phone/Address		Last Grade Attended
Commonly Used First Name	Is this student expelled from any school in Ontario? Yes <input type="checkbox"/> No <input type="checkbox"/> Has this student ever attended an Ontario school previously? Yes <input type="checkbox"/> No <input type="checkbox"/> Has the student ever attended an AMDSB school previously? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the name of the school. _____ What is the student's expected start date? _____		
<b>School Use Only: Legal Name and DOB verified</b>			
<input type="checkbox"/> Canadian Birth Certificate <input type="checkbox"/> Indian Status Card <input type="checkbox"/> Foreign Birth Certificate <input type="checkbox"/> Confirmation of Permanent Residence <input type="checkbox"/> Permanent Residence Card <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Passport <input type="checkbox"/> Refugee Claimant Form <input type="checkbox"/> Official Record of Hospital Birth <input type="checkbox"/> Ontario Health Card <input type="checkbox"/> Other (contact Enrolment and Information Department) _____			
Birth Country		If Canada, Province of Birth	
If the student was not born in Canada, provide the date the student entered Canada <b>for the first time</b> (mm/dd/yyyy) _____ <b>NOTE: FORM 302E and 302A must be completed, signed and sent to Information Services along with supporting documentation. The documentation must support the student's status in Canada as well as first date of entry into Canada. Student will not be enrolled until confirmation is received following the consultation with Enrolment and Information Department.</b>			
First Language		Other Languages spoken at home	
<b>School Use Only: Status in Canada verified</b>			
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa Student <input type="checkbox"/> Authority of another Visa <input type="checkbox"/> Refugee Status			
Does the student have any serious or life threatening medical conditions? (provide details for the development of an Individual Medical Management Plan)			
Has the student been diagnosed with ANAPHYLAXIS? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the student require an EPIPEN? Yes <input type="checkbox"/> No <input type="checkbox"/> Has the student been diagnosed with ASTHMA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete Form 313A Does the student require medication for ASTHMA? Yes <input type="checkbox"/> No <input type="checkbox"/> Has the student been diagnosed with a CONCUSSION? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>School Use Only: ONLY APPLICABLE TO STUDENTS REGISTERING IN AN ONTARIO SCHOOL FOR THE FIRST TIME. Was proof of immunization provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Was the District Health Unit School Entry Form Completed? Yes <input type="checkbox"/> No <input type="checkbox"/> Submitted to Health Unit? Yes <input type="checkbox"/></b>			
In previous school/board attended, was the student involved in special education program and/or services? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have special education(SEA) equipment/technology? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Student's Home Address:</b>			
( ) -			
House Number	Apt/Unit #	Street Name	Town/City
Postal Code		Home phone including area code	
R.R. #	P.O. Box #	Lot #	Concession
Township/Municipality		County	Complete 911 Address
Adult Student's cell phone number ( ) -			
<b>Living in the same home</b>			
Name:	Date of Birth:	School Attending:	
Name:	Date of Birth:	School Attending:	
Name:	Date of Birth:	School Attending:	
Name:	Date of Birth:	School Attending:	
<b>School Use Only: Proof of Residency – Indicate the document used to verify student residence address and include staff initials</b> Initials _____			
<input type="checkbox"/> Tax Bill <input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Proof of Purchase <input type="checkbox"/> Bank Statement <input type="checkbox"/> If other, please specify _____			
<b>Additional Information</b>			
Are parents separated? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, who has legal custody? _____ Are there any special arrangements pertaining to access visitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the arrangements? _____ Please provide a copy of the custody order to be retained in the student's OSR.			
Is the student a Ward of Children's Aid Society? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide CAS letter.			

**Contact Information** Parent/Legal Guardian (**Proof of legal guardianship is required for any of the following: Foster Mother/Father, Grandmother/Grandfather, Guardian, Group Home, Aunt/Uncle, etc**)

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Title (Mr. Mrs., Dr etc) Last Name First Name Relationship to Student Home phone including area code

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Place of Employment Business Telephone Number Cellular Telephone Number Email Address

Same as student's home address  or \_\_\_\_\_  
 House Number Apt/Unit # Street Name Town/City Postal Code

Emergency/Attendance Contact Priority:  First  Second  Third Lives with Student Yes  No

**Contact Information** Parent/Legal Guardian (**Proof of legal guardianship is required for any of the following: Foster Mother/Father, Grandmother/Grandfather, Guardian, Group Home, Aunt/Uncle, etc**)

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Title (Mr. Mrs., Dr etc) Last Name First Name Relationship to Student Home phone including area code

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Place of Employment Business Telephone Number Cellular Telephone Number Email Address

Same as student's home address  or \_\_\_\_\_  
 House Number Apt/Unit # Street Name Town/City Postal Code

Emergency/Attendance Contact Priority:  First  Second  Third Lives with Student Yes  No

**Contact Information** Emergency Contact/Child Care Provider

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Title (Mr. Mrs., Dr etc) Last Name First Name Relationship to Student Home phone including area code

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Place of Employment Business Telephone Number Cellular Telephone Number Email Address

Same as student's home address  or \_\_\_\_\_  
 House Number Apt/Unit # Street Name Town/City Postal Code

Emergency/Attendance Contact Priority:  First  Second  Third

**Consents – Your signature below indicates consent for the use of your child's personal information described below. If you have any questions regarding these consents, please contact the School Principal.**

The Board website and school/classroom websites may on occasion contain photos and/or videos of students involved in the celebration of school/classroom activities, initiatives special circumstances or awards or events. School newsletters are also posted to the school's website. In keeping with 21<sup>st</sup> Century Learning, other third internet websites, social media and or teleconferencing, blogs, wikis, YouTube websites are used on occasion as learning tools by the classroom teacher. Your child's teacher is utilizing these emerging technologies as part of the instructional process; use of the student's image and/or a first and last name may be beneficial. We are requesting your consent for the use of the **student's image and/or first and last name** on a school/classroom or Board website as well as third party websites, social media and/or teleconferencing.

**Parent/Legal Guardian/Adult Student Signature:** \_\_\_\_\_

**Canada's Anti-Spam Legislation (CASL)**  
 Avon Maitland schools strive to be environmentally-conscious by reducing the sending home of paper notifications. Instead, where possible, we try and use electronic communications to relay information to students and families. In accordance with Canadian Anti-Spam Legislation which requires all organizations in Canada to collect consent for the receipt of commercial electronic communications, **we are informing you that by providing your consent below and your email address you agree to receive messages electronically from the school or school board** which may include information about a commercial activity. Your consent to receive these messages can be revoked at any time by contacting the school.

I consent to receive electronic messages from the school or school board.

Be advised that an email account may be assigned to your child to support curriculum instruction. In addition, the use of collaboration tools such as blogs, wikis, Edmodo, Google (GAFE) and/or Facebook etc. may be part of the student's learning experience. Personal information is collected at registration under the authority of the Education Act and will be used for planning and programming, home and school communications and to establish the Ontario Student Record. The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Avon Maitland District School Board under the authority of the *Education Act* and Regulations (R.S.O. 1990 c.E.2) as amended and the Municipal Freedom of Information and Protection of Privacy Act. It will be used in the Ontario Student Record and for registration, administrative, communication, educational and reporting purposes. The information may be shared with Avon Maitland District School Board employees to carry out their job duties. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. Aboriginal ancestry information will be used by Avon Maitland DSB to allocate resources; to improve student learning and student success; and to offer individualized supports and opportunities to students and families. Aboriginal ancestry information will also be reported to the Ministry of Education and the Education Quality and Accountability Office. Families and students should be assured that the confidentiality of this identification will be protected.

**Acknowledgement:** I verify that the information on this form is true and correct. I understand it is my responsibility to keep the school advised of any changes in the above information as soon as possible.

**Parent/Legal Guardian/Adult Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_