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
### Student Information

Note: Legal name must be as shown on legal documents (i.e. birth certificate, passport etc.) & will appear on all school official records (i.e. Report Cards/Transcripts)

<table>
<thead>
<tr>
<th>Legal Surname</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Male [ ] Female [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Given Name</td>
<td>Voluntary Aboriginal Self-Identification [ ] First Nation [ ] Metis [ ] Inuit</td>
<td></td>
</tr>
<tr>
<td>Legal Middle Name</td>
<td>Last School Attended/Phone/Address</td>
<td>Last Grade Attended</td>
</tr>
</tbody>
</table>

**Commonly Used First Name**

| Is this student expelled from any school in Ontario? [ ] Yes [ ] No |
| Has this student ever attended an Ontario school previously? [ ] Yes [ ] No [ ] |
| Has the student ever attended an AMDSB school previously? [ ] Yes [ ] No [ ] |
| If yes, provide the name of the school. | What is the student’s expected start date? |

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### School Use Only: Legal Name and DOB verified

- [ ] Canadian Birth Certificate
- [ ] Indian Status Card
- [ ] Foreign Birth Certificate
- [ ] Confirmation of Permanent Residence
- [ ] Permanent Residence Card
- [ ] Canadian Citizenship Card
- [ ] Passport
- [ ] Refugee Claimant Form
- [ ] Official Record of Hospital Birth
- [ ] Ontario Health Card
- [ ] Other (contact Enrolment and Information Department)

**Birth Country**

If the student was not born in Canada, provide the date the student entered Canada for the first time (mm/dd/yyyy)

**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.

**First Language**

Other Languages spoken at home

### School Use Only: Status in Canada verified

- [ ] Canadian Citizen
- [ ] Permanent Resident
- [ ] Visa Student
- [ ] Authority of another Visa
- [ ] 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 [ ] No [ ]
- Does the student require an EPIPEN? [ ] Yes [ ] No [ ]
- Has the student been diagnosed with ASTHMA? [ ] Yes [ ] No [ ] If yes, complete Form 313A
- Does the student require medication for ASTHMA? [ ] Yes [ ] No [ ]
- Has the student been diagnosed with a CONCUSSION? [ ] Yes [ ] No [ ]

### School Use Only: ONLY APPLICABLE TO STUDENTS REGISTERING IN AN ONTARIO SCHOOL FOR THE FIRST TIME. Was proof of immunization provided? [ ] Yes [ ] No [ ]

**Was the District Health Unit School Entry Form Completed?**

[ ] Yes [ ] No

**Submitted to Health Unit?**

[ ] Yes

In previous school/board attended, was the student involved in special education program and/or services? [ ] Yes [ ] No

Does the student have special education(SEA) equipment/technology? [ ] Yes [ ] No

### Student’s Home Address:

- 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: ____________

**Living in the same home**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>School Attending:</th>
</tr>
</thead>
<tbody>
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</table>

### School Use Only: Proof of Residency – Indicate the document used to verify student residence address and include staff initials

- [ ] Tax Bill
- [ ] Lease/Rental Agreement
- [ ] Utility Bill
- [ ] Proof of Purchase
- [ ] Bank Statement
- [ ] If other, please specify

**Initials** ____________

### Additional Information

- Are parents separated? [ ] Yes [ ] No
- If yes, who has legal custody?
- Are there any special arrangements pertaining to access visitation? [ ] Yes [ ] 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?**

[ ] Yes [ ] No

If yes, please provide CAS letter.

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**Distribution: Ontario Student Record**

Revised: September 2016
**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 21st 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.

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

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**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)**

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<tr>
<th>Title (Mr. Mrs., Dr etc)</th>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to Student</th>
<th>Home phone including area code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(___) ______________________</td>
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</tbody>
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<tr>
<th>Place of Employment</th>
<th>Business Telephone Number</th>
<th>Cellular Telephone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(<em><strong>) - Ext (</strong></em>) -</td>
<td>(___)</td>
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</tr>
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</table>

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 [ ]

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

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**Emergency Contact/Child Care Provider**

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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: ___________________________