

Elementary Registration Form

SCHOOL NAME: _____ **PRINCIPAL:** _____

STUDENT INFORMATION

_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Legal Last Name	Legal First Name	Middle Name	Preferred Name	Gender

Birthdate (dd/mmm/yyyy): _____ **Proof of Age:** Birth Certificate Passport Other: _____

Province of Birth: _____

First Language Spoken: English French Ojibwe Other: _____

Country of Origin: _____ **Date of Entry into Canada (if applicable):** _____
 YYYYY/MM

Status in Canada: Canadian Citizen Permanent/Landed Resident
 Student Exchange Student Study Other: _____

PROPERTY ADDRESS INFORMATION

_____	_____	_____	_____
Street (House #, Building/Block, Street Name)	Apt. # / Suite	P.O. Box	R.R.

_____	_____	_____
City / Town	Province	Postal Code

Home Phone Number: (____) _____ Unlisted

Mailing Address (only if different from property address)

_____	_____	_____	_____
Street (House #, Building/Block, Street Name)	Apt. # / Suite	P.O. Box	R.R.

_____	_____	_____
City/Town	Province	Postal Code

Alternate Pick Up Address _____
 House #, Street Name City/Town Phone Number

Alternate Drop Off Address _____
 House #, Street Name City/Town Phone Number

PARENT / GUARDIAN INFORMATION

Last Name _____ **First Name** _____

Relationship to Student _____

Address (if different than Student) _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail _____

Lives with student? Yes No

Last Name _____ **First Name** _____

Relationship to Student _____

Address (if different than Student) _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail _____

Lives with student? Yes No

CHECK BOTH COLUMNS

Student Lives With		Legal Custody Y/N
Both Parents	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent(s)	<input type="checkbox"/>	<input type="checkbox"/>
Foster Parent CAS	<input type="checkbox"/>	<input type="checkbox"/>
Other*	<input type="checkbox"/>	<input type="checkbox"/>
*Specify: _____		

EMERGENCY CONTACTS (OTHER THAN Parent or Guardian)

Call First: _____	Can Pick Up Student? <input type="checkbox"/>	Call Second: _____	Can Pick Up Student? <input type="checkbox"/>
Relationship _____		Relationship _____	
Last Name _____		Last Name _____	
First Name _____		First Name _____	
Address _____		Address _____	
Home Phone () _____		Home Phone () _____	
Business Phone () _____ Ext.: _____		Business Phone () _____ Ext.: _____	
Cell Phone () _____		Cell Phone () _____	

MEDICAL / HEALTH CONDITION

Doctor Name _____ Phone Number () _____

Health Card _____ Revision Code _____

Allergies and Health Conditions:
 _____ Life Threatening _____ Life Threatening

I, the Parent/Guardian, give my permission to the school to transport my child to a medical facility in case of emergency. Y N

EDUCATION

Grade: _____ Previously attended a school in RDSB? Yes No

Program(s): Regular English Program French Immersion

Previous School Name: _____ City/Town: _____ Province: _____

Previous School Board Name: _____

FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION

Parents/Guardians have the opportunity to self-identify their child(ren) as First Nation, Métis or Inuit. This information will be used to improve the educational outcomes and promote equal opportunity for First Nation, Métis and Inuit students of the Rainbow District School Board. **I am...**

First Nations (off-reserve) First Nations (on reserve) Métis Inuit First Nation: _____

DISTRIBUTION LIST

YES. I would like to be included on the distribution list to receive information from and about my child's school and education, including newsletters, school and Board updates, announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, prom or dance tickets, or other events or activities associated with the school or the community.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, personal information on this form, and any other correspondence relating to your child's involvement in our programs, is being collected by Rainbow District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2), Sections 58.5, 265 and 266 as amended. The information will be used in accordance with the Education Act and the regulations and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records or for a consistent purpose such as the allocation of staff and resources. Employees will have access to this information to carry out their job duties. The information will also be used for matters related to health and safety or discipline. The Board is required to disclose personal information in compelling circumstances, for law enforcement purposes, or in accordance with any other Act that permits disclosure. This information will automatically be shared among schools within the jurisdiction of Rainbow District School Board for registration purposes. It will also be shared with the Sudbury Student Services Consortium and school bus operators for the purpose of providing student transportation. Questions regarding this collection should be directed to the School Principal.

Parent/Guardian Signature Date _____

Principal Signature Date _____

OFFICE USE ONLY

Pupil Number _____ OEN _____

Resident Pupil? Yes No **If No - Tuition Paid By:** Native Education Authority VISA International Student

Has this student ever been identified through an IPRC process? Yes No