

York Catholic District School Board
Elementary Student Registration Form
J.K. to Grade 8

SCHOOL OFFICE USE ONLY

Student Enrolling At: _____
 (School Name)

Student #:	School Code:
Enrollment Date:	Teacher:
OSR Requested	OSR Received
Posted to Maplewood by: _____	Date: _____
Student Registration Reviewed by: _____ Principal/Designate	
Date: _____	
Admission Status: Pupil of the Board Other Pupil	

The following information will be used by school staff members to collect information in keeping with the Education Act. The principle purpose for the collection of this information is to provide confirmation of Pupil Eligibility for English as a Second Language (ESL),

Important: This form must be completed in its entirety in order to be deemed valid.

*In compliance with Ontario Regulation 191/11, s.12 (3), Integrated **Accessibility** Standard, the York Catholic District School Board offers accessible formats and communication supports upon request. Visit <https://www.ycdsb.ca/about/accessibility/> to submit your request.*

Note: Legal name must be as shown on legal document (i.e. birth certificate, passport) and will appear on all official documents.

INDIGENOUS STATUS

Please indicate if the student is of Indigenous Descent: Yes No
If yes, indicate First Nation Inuit Metis

PREVIOUS SCHOOL INFORMATION

Has the student ever attended a school in Ontario?

Yes	No
Previous School Board: _____	If outside of province, please indicate province or country and language of instruction: Province/Country: _____ Language of Instruction: _____
Previous School: _____	
Address: _____	
Last Day of Attendance (M/D/Y) _____	

SIBLING INFORMATION

Please indicate whether this student in the school is the Only Eldest Youngest
Does a sibling attend this school? Yes

PARENT/LEGAL GUARDIAN INFORMATION

First Parent/ Guardian:

OTHER INFORMATION

HOME LANGUAGE

TO BEST SERVE THE STUDENT, WE ASK THAT YOU CAREFULLY READ THIS SECTION AND COMPLETE IT AS ACCURATELY AS POSSIBLE:

- The language the student FIRST learned to speak _____
- PRIMARY Language in which student is most fluent _____
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- The main language spoken to the student by adults in the home _____
- The main language spoken by the student at home _____
- The main language spoken by adults at home _____

ADDITIONAL INFORMATION

Has the student resided outside of Canada since the date of the first time entry? Yes No

- If yes, please indicate Date of Re-entry into Canada if absent for a period of more than one year from the first time entry date (**does not apply to those students who were born in Canada**) _____

Month/Day/Year

Country of residence prior to most recent entry into Canada _____

Has the student ever been away from school for any period of time? Country Yes No

- If yes, indicate the Date from : _____ Date to: _____

Month/Day/Year

Month/Day/Year

Please indicate reason for school interruption:

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TO BEST SERVE STUDENTS WITH SPECIAL NEEDS, PLEASE COMPLETE THE FOLLOWING:

In previous board attended, was the student involved in special education programs and/or services Yes No

- If special education services were provided in another school board, please sign the appropriate consent form S7 which is available at the school office.

Does the student have SEA computer/laptop equipment? Yes No

- If yes, please contact the Assistive Technology and Resource Centre, (905) 713-FGFFÁFFÍ HÍ Á Á |æ Á | Á @ Á c á^} æ Á needs accordingly.

If this is the first time you are registering to attend school in Ontario, please indicate if there are special needs Yes No

- If yes, please contact the Catholic Education Centre, Student Service Department, Coordinator of Special Programs at 905-713-1211 ext. 11622 to plan for c@ Á c á^} æ Á ^ á • Áæ [|æ * |

Has the student ever been expelled from another school? Yes No

- If yes, was the student re-admitted Yes No

Is the student currently under suspension from school? Yes No

How many times was the student suspended _____

EMERGENCY PROCEDURES AND CONSENT FORM

IMPORTANT- PLEASE READ

To ensure a safe environment for all students, we ask

CAREGIVER/DAYCARE INFORMATION

CAREGIVER or DAYCARE CENTER

Caregiver/Daycare information is important. If completed, this information will be used for transportation purposes. If the student goes to a Caregiver or Daycare Center Before and/or After school indicate:

Before School After School

Name of Caregiver: _____ Telephone #: _____
Daytime Phone # _____

Full Address: _____

Before School After School

Name of Daycare Center: _____ Telephone #: _____
Daytime Phone # _____

Full Address: _____

MEDICAL INFORMATION