



Welcome to the Upper Canada District School Board

225 Central Avenue West, Brockville, ON K6V 5X1
Tel: (613) 342-0371 or 1-(800) 267-7131
ucdsb.on.ca



STUDENT REGISTRATION FORM

		Grade:	Pupil No.	<i>For Office Use</i>
STUDENT NAME	_____		OEN	<input type="checkbox"/> French Immersion
School Name	_____		Hrm/Teacher	<input type="checkbox"/> Core French

STUDENT INFORMATION

Legal Last Name _____

Legal First Name _____

Usual Last Name _____

Preferred First Name _____

Middle Name _____ Third Initial _____

Birth Date (mm/dd/yyyy) _____

Proof of Age _____

Student Primary Phone No. _____

Sex (as it appears on birth certificate): (M) (F)

Gender Self-Identification: _____

PREVIOUS SCHOOL DISTRICT

Previous Sch. Language _____

Previous School _____

Address _____

ADMISSION INFORMATION (School to Complete) *For Office Use*

Reason _____

Start Date (mm/yyyy) _____

Current Grade _____

X-Boundary (Y) (N)

School _____

PROPERTY ADDRESS-CIVIC ADDRESS (911)

Street _____

Apt. # _____ Lot # _____ Concession # _____

Municipality _____

State/Prov. _____ Postal Code _____

MAILING ADDRESS (if different from property address)

EXAMPLE: BOX 102 - 17423 County Rd. 2 St. Andrews West, ON K0C 2A0

IMMIGRATION/CITIZENSHIP

Country of Birth _____

Province of Birth (if born in Canada) _____

Citizen of _____

Language First Spoken _____

Language at Home _____

Entry into Canada (mm/yyyy) _____

Visa Expiration Date _____

Tuition Type _____

Immigration Status:

Student Visa Other Visa Permanent Resident

Canadian Citizen Native Ancestry Refugee Status

ALTERNATE ADDRESSES (For Transportation— i.e. Caregiver & Custody)

	Street # and Name	Apt.	Municipality	Contact Name	Contact Phone
1.					
2.					

STUDENT REGISTRATION FORM

For Office Use

STUDENT NAME _____

PARENT/GUARDIAN

Custody

Living With

Court Order Provided (Y) (N)

1. Relationship

Last Name

First Name

Living With Student (Y) (N)

Address

Copy of School Correspondence (Y) (N)

Work/Employment

Work Phone No. (ext.)

Available at Work

Home Phone No.

Cellular Phone No.

Email Address

Emergency Contact (Y) (N)

(NEW) My Family Room (Y) (N)

2. Relationship

Last Name

First Name

Living With Student (Y) (N)

Address

Copy of School Correspondence (Y) (N)

Work/Employment

Work Phone No. (ext.)

Available at Work

Home Phone No.

Cellular Phone No.

Email Address

Emergency Contact (Y) (N)

(NEW) My Family Room (Y) (N)

Register for a *My Family Room* account to receive immediate notification of bus cancellations, student absences or emergencies, report your child's absences online, access your child's school calendar, and much more. Visit myfamilyroom.ca to register, and download the mobile app!

OTHER EMERGENCY CONTACTS (Other than Parents)

1. Last Name

First Name

Relationship

Address

Home Phone No.

Email Address

Work Place

Work Phone

Cellular Phone

Allow to Pick Up (Y) (N)

2. Last Name

First Name

Relationship

Address

Home Phone No.

Email Address

Work Place

Work Phone

Cellular Phone

Allow to Pick Up (Y) (N)

STUDENT REGISTRATION FORM

For Office Use

STUDENT NAME _____

MEDICAL (i.e. Allergies, Autism, Asthma, Diabetes, EpiPen, medication required, etc)

Allergies _____

Life Threatening? (Y/N) Details _____

Non-Life Threatening Medical Details/Conditions _____

Accessibility Needs (Y/N) _____

Is there any other information we need to be aware of (i.e. social or emotional challenges)? _____

SIBLINGS

Pupil No. (if known)	1.	2.	3.	4.
Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Sex	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
School	_____	_____	_____	_____

First Nation/Métis/Inuit

Voluntary Self-Identification _____

Notice to Parents/Guardians

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.

I hereby certify that the above information contained on this form is accurate. I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible.

I certify that I have been informed that an Ontario Student Record is on file at the school and that I have access to the information therein.

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, lunch programs, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets and athletic events where a financial transaction is required.

Do you consent to receive electronic messages of this nature? YES NO

SIGNED (Parent/Guardian)

PRINT (Parent/Guardian Name)

DATE

SIGNED (Parent/Guardian)

PRINT (Parent/Guardian Name)

DATE