



**STUDENT INFORMATION – PLEASE PRINT**

Legal Surname: _____	Legal First Name: _____
Preferred Surname: _____	Preferred First Name: _____
Legal Middle Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Disclosed <input type="checkbox"/> Self-Identified
Home Phone: _____ <input type="checkbox"/> Unlisted	If Self-Identified: <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Genderqueer
Date of Birth (year-month-day): _____	<input type="checkbox"/> Gender Fluid <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Intersex
Please list student’s siblings in this school: _____	<input type="checkbox"/> Non-Binary <input type="checkbox"/> Trans <input type="checkbox"/> Other
Is the student currently expelled from any school or school board? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Parent/Guardian Registration Checklist

In all instances, ORIGINAL documentation or officially certified true copies must be presented.

- Completed Registration Form**
- Proof of student's age (present one original document from the list below)**
  - Canadian Birth Certificate / Birth Registration Card
  - Canadian Citizenship Card / Certificate / Passport
  - Permanent Resident Card / Confirmation of Permanent Residence
  - Letter of Admission from International Admissions
- Proof of Address (present one original document from the list below)**
  - Current Utility Bill (water, hydro, gas, home phone, cable, internet)
  - Government forms (i.e. Service Canada documents)
  - Lease/Purchase Agreement/Tax Bill

**Note: We cannot accept a Driver's license as a Proof of Address.**
- Proof of immunization**
  - To be submitted directly to the Region of Waterloo Public Health
    - Online at <https://e-immunization.regionofwaterloo.ca/> or calling 519-575-4400
- Proof of custody**
  - Children must live with their parent(s) unless legal documentation supports an alternate living arrangement
- Proof of education**
  - For Elementary students who are currently attending school in Ontario, please bring the most recent report card
  - For Secondary students who are currently attending or have attended Secondary School in Ontario, please bring the most recent transcript, report card or credit summary report (if available) and Principal to Principal Transfer Form (if from a Waterloo Catholic District School Board Secondary School)
  - Notify school at time of registration if your child is registered currently in a specialized program such as Specialist High Skills Major (SHSM) (include sector), International Baccalaureate (IB), French Immersion (FI), English as a Second Language (ESL) or other programming
  - Provide a copy of your child’s supporting documents for identified resource assistance, if applicable

Information on this Registration Form is collected under the legal authority of the Education Act and its regulations, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information collected on this form will be used to establish the Ontario Student Record (OSR) and for other student and educational related purposes, such as registration, administrative, communication, data reporting and transportation. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the Principal of the school or the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.

## STUDENT ADDRESS INFORMATION

Home Address: \_\_\_\_\_  
Number Street Apt #

City / Town / Village / Municipality Province Postal Code

Mailing Address: Same as home address?  Yes  No If NO, please complete below

Number Street City / Town / Village / Municipality Province Postal Code

## TRANSPORTATION ARRANGEMENTS FOR ELIGIBLE STUDENTS

The Board determines transportation eligibility. To determine if the student is eligible, visit [Bus Planner](#). If a student is eligible for board-funded transportation, indicate where the student will be picked up and dropped off:

Picked up from Home  Dropped off at Home  Picked up from Caregiver  Dropped off at Caregiver  Special Education Eligible

Pick up Address: \_\_\_\_\_  
Number Street City / Town / Village / Municipality Province Postal Code

Drop off Address: \_\_\_\_\_  
Number Street City / Town / Village / Municipality Province Postal Code

## PREVIOUS SCHOOL INFORMATION

Name of Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_ Language of Instruction: \_\_\_\_\_  
City / Town / Village / Municipality Province

Previous School Board: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_ Reason for Transfer: \_\_\_\_\_

Did the student ever attend a Waterloo Region District School Board School in the past (including International Languages)?  Yes  No

If yes, name school(s): \_\_\_\_\_

## STUDENT LANGUAGE, CITIZENSHIP AND IMMIGRATION INFORMATION

Country of Birth: \_\_\_\_\_ If Canada, Province of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date Arrived in Canada: \_\_\_\_\_

First Language: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

(If this section is applicable to the student, there may be additional forms to be completed)

Allergies or Health Concerns: \_\_\_\_\_

Are any of the noted health concerns life threatening?  Yes  No Does the student require an epi-pen?  Yes  No

## VOLUNTARY FIRST NATION, METIS AND INUIT SELF IDENTIFICATION

If you wish to declare that your child is a First Nation, Metis or Inuit person, please check one of the following boxes.

First Nation  Metis  Inuit

## SPECIAL EDUCATION / IEP/ IPRC / ESL / ELD INFORMATION

Does your child receive any special education assistance (elementary or secondary)?  Yes  No

If YES, please provide details: \_\_\_\_\_

Has your child previously received English as a Second Language (ESL) or English Literacy Development (ELD) assistance?  Yes  No

If YES, please provide details: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN / EMERGENCY CONTACT INFORMATION**

**Custody**

Both Parents  Mother Only  Father Only  Joint  Legal Guardian  C.A.S/F&CS  Other: \_\_\_\_\_  
If joint custody checked, please indicate schedule:  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Provide alternate address for joint custody: \_\_\_\_\_

Is there a legal document that sets out custody and access to the student?

No  Yes (please complete this section and provide school with copy of legal document for OSR)

**Living With**

Both Parents  Mother Only  Father Only  Legal Guardian  C.A.S/F&CS  Other: \_\_\_\_\_

**Contact 1 (Contact information for self, if student is over 18 years)**

Name: \_\_\_\_\_  Male  Female  Undisclosed  
Title (Mr., Mrs., Dr., etc) Last Name First Name

Relationship to Student: \_\_\_\_\_  
Please indicate the priority order

Employer (optional): \_\_\_\_\_

Home Number: \_\_\_\_\_  
 Business Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
 Same as Student's Home Address  Address below: \_\_\_\_\_

**Check all applicable boxes**

Has access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Receives Mail
	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Has Access to Records
	<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks English
Emergency /Attendance Contact Priority		
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		

Number Street City / Town / Village / Municipality Province Postal Code

**Contact 2**

Name: \_\_\_\_\_  Male  Female  Undisclosed  
Title (Mr., Mrs., Dr., etc) Last Name First Name

Relationship to Student: \_\_\_\_\_  
Please indicate the priority order

Employer (optional): \_\_\_\_\_

Home Number: \_\_\_\_\_  
 Business Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
 Same as Student's Home Address  Address below: \_\_\_\_\_

**Check all applicable boxes**

Has access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Receives Mail
	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Has Access to Records
	<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks English
Emergency /Attendance Contact Priority		
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		

Number Street City / Town / Village / Municipality Province Postal Code

**Contact 3**

Name: \_\_\_\_\_  Male  Female  Undisclosed  
Title (Mr., Mrs., Dr., etc) Last Name First Name

Relationship to Student: \_\_\_\_\_  
Please indicate the priority order

Employer (optional): \_\_\_\_\_

Home Number: \_\_\_\_\_  
 Business Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
 Same as Student's Home Address  Address below: \_\_\_\_\_

**Check all applicable boxes**

Has access to Student <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Receives Mail
	<input type="checkbox"/> Has Custody	<input type="checkbox"/> Has Access to Records
	<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks English
Emergency /Attendance Contact Priority		
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third		

Number Street City / Town / Village / Municipality Province Postal Code

**PARENT/GUARDIAN/STUDENT (over 18) ACKNOWLEDGEMENT**

I certify that the information that I have provided on this form is accurate. I understand that copies of custody documentation, if applicable, will be included in the Ontario Student Record (OSR).

\_\_\_\_\_  
Parent/Guardian/Student (over 18) Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For School Use ONLY**

**SCHOOL CHECKLIST FOR STUDENT REGISTRATION**

Legal Last Name		WRDSB Student #	
Legal First Name		OEN #	
Entry Date		Entry Type	
		Grade	
		Class/Homeform	

In all instances, ORIGINAL documentation or officially certified true copies must be presented.

**Proof of Age and Immigration Status and Language Information for Funding Purposes**

- |   |   |
|---|---|
| <input type="checkbox"/> Canadian Birth Certificate/Registration Card             | <input type="checkbox"/> Country of Birth _____   |
| <input type="checkbox"/> Canadian Citizenship Card/Certificate                    | <input type="checkbox"/> Province/Territory of Birth (if Canada) _____                                  |
| <input type="checkbox"/> Canadian Passport  | <input type="checkbox"/> Parent speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Canadian Permanent Resident Card                         | <input type="checkbox"/> Was English first language student learned at home                             |
| <input type="checkbox"/> Confirmation of Permanent Residence                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <input type="checkbox"/> Statement/Notice of Live Birth                           |   |
| <input type="checkbox"/> Letter of Admission from International Admissions Office |   |

**Complete this section if the student is a Permanent Resident:**

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> Confirmation of Permanent Residence        | Date became a P.R.: _____ |
| <input type="checkbox"/> Permanent Resident Card (see back of card) | Date became a P.R.: _____ |

**Complete this section if the student is a Canadian Citizen born outside of Canada:**

*Date of entry is the date that student enters Canada to live, not a short term visit/vacation in Canada taken beforehand*

- |   |   |
|---|---|
| <input type="checkbox"/> Canadian Passport                | Original date of first entry to live in Canada: _____ |
| <input type="checkbox"/> Canadian Citizenship Certificate | Date of Entry Stamp in Passport: _____                |

**Proof of Address/Residence in Waterloo Region**

*We can not accept Driver's License as Proof of Address*

- |  |   |
|--|---|
| <input type="checkbox"/> Government Issued Forms | <input type="checkbox"/> Purchase/Lease Agreement |
| <input type="checkbox"/> Utility Bill            | <input type="checkbox"/> Tax bill                 |
| <input type="checkbox"/> Bank Statement          | <input type="checkbox"/> Property Insurance Bill  |

**Proof of Custody (where applicable)**

- |  |   |
|--|---|
| <input type="checkbox"/> Living with custodial parent(s) | <input type="checkbox"/> Guardianship Agreement |
| <input type="checkbox"/> Custodial Court Order           |   |

**Additional Documentation**

- |   |   |
|---|---|
| <input type="checkbox"/> Report Card                          | <input type="checkbox"/> Transcript and/or Credit Summary Report (secondary students) |
| <input type="checkbox"/> IEP (if applicable)                  | <input type="checkbox"/> Other Program Documentation                                  |
| <input type="checkbox"/> Principal to Principal Transfer Form |   |

I certify that the information contained on this form is accurate and that I have examined and verified the applicable information as indicated.

Certified by:

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Position

\_\_\_\_\_

Date

This form and the information contained within it will be maintained in the Ontario Student Record.

Retention: E, plus 5 – file in OSR