

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

STSWR 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

Living With

☐ Both Parents ☐ Parent 1 ☐ Parent 2 ☐ Legal Guardian ☐ C.A.S/F&CS ☐ Other: _____

Custody

☐ Both Parents ☐ Parent 1 ☐ Parent 2 ☐ 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 provide school with copy of legal document for OSR)

Contact 1 (Contact information for self, if student is 18 years of age or older)

Name: _____
Last Name First Name

Relationship to Student: _____ Employer (optional): _____

Check all applicable boxes ☐ Lives with Student ☐ Has access to Student ☐ Legal Guardian ☐ Has Custody
☐ Has Access to Records ☐ Receives Mail
Emergency/Attendance Contact Priority: ☐ First ☐ Second ☐ Third ☐ Receives Email ☐ Speaks English

Home Number: _____ Priority: ____ (1-3) Business Number: _____ Priority: ____ (1-3)

Cell Number: _____ Priority: ____ (1-3) Email Address: _____

Address: ☐ Same as Student's Home Address ☐ Address Below:

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

Contact 2 Name: _____
Last Name First Name

Relationship to Student: _____ Employer (optional): _____

Check all applicable boxes ☐ Lives with Student ☐ Has access to Student ☐ Legal Guardian ☐ Has Custody
☐ Has Access to Records ☐ Receives Mail
Emergency/Attendance Contact Priority: ☐ First ☐ Second ☐ Third ☐ Receives Email ☐ Speaks English

Home Number: _____ Priority: ____ (1-3) Business Number: _____ Priority: ____ (1-3)

Cell Number: _____ Priority: ____ (1-3) Email Address: _____

Address: ☐ Same as Student's Home Address ☐ Address Below:

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

Contact Name: _____
Last Name First Name

Relationship to Student: _____ Employer (optional): _____

Check all applicable boxes ☐ Lives with Student ☐ Has access to Student ☐ Legal Guardian ☐ Has Custody
☐ Has Access to Records ☐ Receives Mail
Emergency/Attendance Contact Priority: ☐ First ☐ Second ☐ Third ☐ Receives Email ☐ Speaks English

Home Number: _____ Priority: ____ (1-3) Business Number: _____ Priority: ____ (1-3)

Cell Number: _____ Priority: ____ (1-3) Email Address: _____

Address: ☐ Same as Student's Home Address ☐ Address Below:

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 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 cannot 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