



SIMCOE MUSKOKA CATHOLIC DISTRICT SCHOOL BOARD UNIVERSAL STUDENT REGISTRATION

School Student Enrolling at:

School Year that Student is Enrolling for:

OEN Number:

The following information will be used by school staff members to establish or update the student's Ontario Student Record (OSR) and the Office Index Card, which the District School Boards are required to maintain throughout elementary and secondary school, and to provide for contact in case of emergency. This information will also be used to confirm pupil eligibility for English as a Second Language (ESL), residency and the right to attend without paying tuition fees. Pertinent data will be shared with the administrative staff as necessary. Parents/guardians/adult students need to inform the school of any changes in this information. This personal information is being collected, and will be used and maintained, in accordance with Municipal Freedom of Information and Protection of Privacy Act and the Education Act. It may be accessed by the student and the parent/guardian of a student under 18 years of age, as well as by school staff.

Section A: STUDENT INFORMATION

Legal Last Name:	Usual Last Name:
Legal First Name:	Usual First Name:
Legal Middle Name:	Usual Middle Name:
Gender: Male Prefer not to say Female Prefer to specify:	Grade: Date of Birth: (MM/DD/YYYY)
Primary Parent/Guardian Contact #: - -	Is a cell phone number:
Primary Parent/Guardian Email Address:	
If student has brothers or sisters in this school, please indicate below:	
Last name(s), First name(s):	Gender: <small>Specify "Male", "Female", "Prefer not to say", or specify if desired</small>
	Gender: <small>Specify "Male", "Female", "Prefer not to say", or specify if desired</small>
Who will be responsible for bringing home material from the school?:	This student A sibling

Section B: ADDRESS

Home Address:			
Street # /911#	Street Name	Apt #	
City/Town	Name of Township	Postal Code	
Mailing Address: Same as Home Address			
Street # /911#	Street Name	Apt #	
R.R.# / P.O Box	City/Town	Name of Township	Postal Code

Section C: PREVIOUS SCHOOL INFORMATION (IN ONTARIO)

Please provide information for the last school attended in Ontario (if applicable):			
Previous School Board Name:		Previous School Name:	
School Address:			
Street # /911#	Street Name	City/Town	
Phone Number:	Fax Number:		
Language of Instruction:	Last day of attendance:		(MM/DD/YYYY)

Section C: PREVIOUS SCHOOL INFORMATION (OUTSIDE ONTARIO)

Please provide information for the last school attended outside of Ontario (if applicable):

Previous School Board Name:

Previous School Name:

School Address:

Street # /911#

Street Name

City / Town / Municipality

Province/State

Country

Phone Number:

Fax Number:

Language of Instruction:

Last Day of Attendance:

(MM/DD/YYYY)

Section D: CITIZENSHIP/IMMIGRATION

Was the student born in Canada?

Yes (please complete Province of birth below)

No **Please refer to the "All Students Born Outside of Canada" checklist for documents that must be verified by the school in order to complete registration.**

Province of birth:

Section E: LANGUAGE / VOLUNTARY SELF-IDENTIFICATION

Student's First Language (language heard/spoke before starting school):

Voluntary Self-Identification for Students of First Nation, Métis and Inuit Ancestry:

Please check as applicable:

Primary Language Spoken at Home:

First Nation

Métis

Inuit

I have reviewed Policy LE-18 Voluntary Self-Identification for Students of First Nation, Métis and Inuit Ancestry found on our website, smcdsb.on.ca.

Section F: MEDICAL INFORMATION

Doctor and dentist information is voluntary and not required for registration.

Family Doctor's Name:

Family Doctor's Phone # :

Dentist's Name:

Dentist's Phone #:

Life Threatening Prevalent Medical Conditions (a detailed medical plan is required)

Epilepsy

Asthma

Diabetes

Anaphylaxis

Other

Non Life Threatening Medical Considerations

Allergies

Section G: CONTACT INFORMATION

Custody Information

Choose one of the following options that pertain to your custody status. If applicable, you will be required to provide a current, certified original legal document confirming proof of custody. Legally both parents have custody and a right to access information concerning their child unless otherwise indicated in a legal document.

Both Parents - *The student resides with both parents*

Joint Custody - *The student resides with each parent, pursuant to a separation agreement/court order/jointly agreed upon arrangement*

One Parent (in non-custody circumstances) - *The student resides with the sole parent*

One Parent (no legal documentation) - *The student resides with only one parent. No legal documentation provided*

One Parent (separation agreement/court order) - *The student resides with one parent pursuant to a separation agreement/court order.*

Relative/Friend with legal authority to register student- *The student resides with a relative or friend. Legal documentation indicates that the person has authority to register the student.*

Agent/Agency with legal authority to register student - *Legal documentation indicates that the agent/agency has authority to register the student.*

Community Agency Support:

(If Applicable)

Agency Name

Contact Worker

Phone (area code & ext)

You may provide **up to** eight contacts in the space below. All parents/guardians must be listed and other contacts (e.g. neighbours, grandparents, etc..) may be added as necessary. A call priority sequence box is provided to indicate who we should contact first in the event of an emergency. Not all contacts need to be included in the call priority sequencing.

By clicking the "will receive correspondence" box, the contact acknowledges that the Board, school and/or classroom teacher may send various communication items home which could include commercial/promotional information.

Contact #1:

Relationship:

First Name

Last Name

Home Address (if different from student)

Home Phone #

Cell Phone #

Work Phone #

Ext.

Email Address

Language Spoken

Lives With This Student

Emergency Contact

Will Receive Correspondence

Can Pick Up

Is Catholic

Call priority sequence number.

Example 1 = call first, 2 = call second, etc.

Contact #2:

Relationship:

First Name

Last Name

Home Address (if different from student)

Home Phone #

Cell Phone #

Work Phone #

Ext.

Email Address

Language Spoken

Lives With This Student

Emergency Contact

Will Receive Correspondence

Can Pick Up

Is Catholic

Call priority sequence number.

Example 1 = call first, 2 = call second, etc.

Contact #3:

Relationship:

First Name

Last Name

Home Address (if different from student)

Home Phone #

Cell Phone #

Work Phone #

Ext.

Email Address

Language Spoken

Lives With This Student

Emergency Contact

Will Receive Correspondence

Can Pick Up

Is Catholic

Call priority sequence number.

Example 1 = call first, 2 = call second, etc.

Section G: CONTACT INFORMATION

	Contact #4:		Relationship:
	First Name	Last Name	
	Home Address (if different from student)	Home Phone #	Cell Phone #
	Work Phone # Ext.	Email Address	Language Spoken
		Lives With This Student	Emergency Contact
<input type="checkbox"/>	<i>Call priority sequence number.</i>	Will Receive Correspondence	Can Pick Up
	<i>Example 1 = call first, 2 = call second, etc.</i>		Is Catholic
	Contact #5:		Relationship:
	First Name	Last Name	
	Home Address (if different from student)	Home Phone #	Cell Phone #
	Work Phone # Ext.	Email Address	Language Spoken
		Lives With This Student	Emergency Contact
<input type="checkbox"/>	<i>Call priority sequence number.</i>	Will Receive Correspondence	Can Pick Up
	<i>Example 1 = call first, 2 = call second, etc.</i>		Is Catholic
	Contact #6:		Relationship:
	First Name	Last Name	
	Home Address (if different from student)	Home Phone #	Cell Phone #
	Work Phone # Ext.	Email Address	Language Spoken
		Lives With This Student	Emergency Contact
<input type="checkbox"/>	<i>Call priority sequence number.</i>	Will Receive Correspondence	Can Pick Up
	<i>Example 1 = call first, 2 = call second, etc.</i>		Is Catholic
	Contact #7:		Relationship:
	First Name	Last Name	
	Home Address (if different from student)	Home Phone #	Cell Phone #
	Work Phone # Ext.	Email Address	Language Spoken
		Lives With This Student	Emergency Contact
<input type="checkbox"/>	<i>Call priority sequence number.</i>	Will Receive Correspondence	Can Pick Up
	<i>Example 1 = call first, 2 = call second, etc.</i>		Is Catholic
	Contact #8:		Relationship:
	First Name	Last Name	
	Home Address (if different from student)	Home Phone #	Cell Phone #
	Work Phone # Ext.	Email Address	Language Spoken
		Lives With This Student	Emergency Contact
<input type="checkbox"/>	<i>Call priority sequence number.</i>	Will Receive Correspondence	Can Pick Up
	<i>Example 1 = call first, 2 = call second, etc.</i>		Is Catholic

Section G: CONTACT INFORMATION

Before School Child Care Information (if applicable):

Child Care Name	Contact Name	Permission to pick up student?	Yes	No
Address		Phone #		
Notes:				

After School Child Care Information (if applicable):

Child Care Name	Contact Name	Permission to pick up student?	Yes	No
Address		Phone #		
Notes:				

Section H: SACRAMENTAL INFORMATION

Please complete this section if information is known and/or applicable.

Is this student baptized Roman Catholic? Yes No

Home Parish:

Priest:

Baptismal Parish:

Date:

(MM/DD/YYYY)

First Communion Parish:

Date:

(MM/DD/YYYY)

Confirmation Parish:

Date:

(MM/DD/YYYY)

Section I: IMMUNIZATION RECORDS

Student immunization records have been submitted to the Simcoe Muskoka District Health Unit (Health Unit), online through Immunization Connect Ontario (ICON). **OR**

A copy of the student's immunization record (yellow immunization card) along with a copy of the Health Unit's Immunization History Form will be completed and presented to the school during the intake/interview process. School will forward to the Health Unit.

Section J: SPECIAL EDUCATION

Has the student received Special Education services? Yes No

If yes, please explain:

Does the student have an Individual Education Plan (IEP)? Yes No

Does the student have a Behaviour Support Plan? Yes No

If yes, please explain:

Does the student have a Safety Plan? Yes No

Section J: SPECIAL EDUCATION

Is the student identified as exceptional through the Identification, Placement and Review Committee process? Yes No

If yes, please explain:

Has the student attended Special Education classes in an alternate setting? Yes No

If yes, please explain:

Has the student been receiving services from Early Intervention or other agencies (Occupational Therapy, Physiotherapy, Speech Therapy, ABA supports, Resource Teacher, Psychology, etc.)? Yes No

If yes, please explain:

Is the student currently using, or will they require specialized equipment in order to attend school? Yes No

If yes, please explain:

***If possible, please provide the school with a copy of the latest IPRC & Individual Education Plan**

Section K: RELEASE OF INFORMATION

I certify that I am the parent or legal guardian of the above student, or that I am an adult student 18 years of age or older, and the information is correct.

I hereby release the above information to the Simcoe Muskoka Catholic District School Board for the uses noted.

I hereby consent to the use of the above information in any emergency notification system or service managed by, or on behalf of, the Board.

I give permission for appropriate school staff to contact my child's previous school to gather information for the purpose of academic programming.

Name of Parent/Guardian (please print)

Signature of Parent/Guardian
(please sign after printing)

(MM/DD/YYYY)

Section L: ATTESTATION OF STUDENT REGISTRATION DOCUMENTATION

I certify that the information contained on this form is accurate and that I have examined and verified the applicable information as indicated. This personal information will be maintained in keeping with Freedom of Information and Privacy Legislation and the Education Act. For Ministry audit purposes, this form must be filed in the Ontario Student Record (OSR) along with the rest of the registration package.

Parent/Guardian:

Name: _____

Relationship to Student: _____

Signature: _____
(please sign after printing)

Date: _____

School staff member(s) who has verified the information/documents (one or both may sign):

Principal:

Name: _____

Date: _____

Signature: _____

Office Administrator:

Name: _____

Date: _____

Signature: _____

Section O: DOCUMENTATION CHECKLIST

ALL STUDENTS

Student's Roman Catholic Baptismal Certificate/ Parental Roman Catholic Baptismal Certificate (elementary only)

Student's Birth Certificate

Completed up-to-date immunizations - either:

- Submitted online to the Simcoe Muskoka District Health Unit through Immunization Connect Ontario (ICON) **OR**
- Yellow immunization card and a completed paper copy of the Simcoe Muskoka District Health unit Immunization History for School Registration Form

Latest Municipal Tax Assessment (MPAC)/Tax Bill (elementary only)

Completed Application for Direction of School Support Form and/or School Support Lease (Catholic parents/guardians)

Proof of Address (ie. utility bill, property tax bill, home phone/cable/Internet bill, agreement of purchase & sale). *Driver's license, lease agreements and cell phone bills are not acceptable for audit purposes*

Recent Identification, Placement and Review Committee (IPRC) & Individual Education Plan (IEP) assessments (if applicable)

Superintendent's approval letter for non-Catholic admissions (if applicable)

Boundary exemption letter (if applicable)

Court order/separation agreement/guardianship agreement (if applicable)

Kindergarten survey (JK/SK only)

Ontario Status Sheet (secondary only)

ALL STUDENTS BORN OUTSIDE OF CANADA

In addition to the items in the "Documentation Checklist for All Students", students born outside of Canada will need to provide documents as outlined below.

Student's Passport

Depending on your status in Canada, there are specific documents required for registration. Please refer to the options below (1-9) and bring the appropriate documentation listed to the school for verification at the school.

1. If student has become a **Canadian citizen**:
Canadian Citizenship Card
Canadian Citizenship Certificate
2. If child/parent is a **permanent resident**, provide one of the following:
Permanent Resident Card **OR**
Stage 1 Approval Letter **OR**
Equivalent documentation from Immigration, Refugees and Citizenship Canada (IRCC) confirming approval in principle
3. If student/parent is a **refugee**, provide one of the following:
Documentation from IRCC confirming refugee status **OR**
Consideration of eligibility (convention refugee)
4. If student is in Canada with a **Student Visa**:
Student Visa
Student study permit
Health/Medical Insurance Certificate
Acceptance letter from superintendent
Notarized guardianship agreement (for students under 18 years of age arriving without parents)
Payment of tuition fees
5. If student/parent is a **visitor** in Canada:
Visitor Record
Visitor Visa
Payment of tuition fees
6. If student is an **exchange student** attending host school:
Exchange agreement
7. If parent is in Canada with a **Study Permit**:
Parent's Study Permit
Parent's acceptance letter confirming the parent will be a full-time student at a qualified university, college, or institution in Ontario
8. If parent is in Canada with a **Work Permit**:
Parent's Work Permit **OR**
Documentation from IRCC confirming approval of work permit (ie. actual work permit to be issued at a later date)
Student study permit (given to a child accompanying their parent on a work permit)
9. **Other**:
Diplomat status / Minister's permit

For review purposes, all documents must be original, current, clear and, if required, translated or interpreted into English.