



Office Use Only	
School:	DBSCL
OEN:	
Student ID No.:	
Proof of Academic Achievement:	<input type="checkbox"/> CCS <input type="checkbox"/> Transcript <input type="checkbox"/> Other
Date Entered:	

### Dr. Bette Stephenson Centre for Learning Registration Form

Information on this form will be used for home/school communications, planning and programming, and to establish the Ontario Student Record.

PLEASE PRINT

STUDENT INFORMATION				
Legal Name - Last Name, First Name and Middle Name				
Preferred Name (if different from Legal Name):			First Language:	
			Main Language Spoken at Home:	
If the Student is considered of Indigenous ancestry, please check all categories that apply:				
<input type="checkbox"/> First Nation <input type="checkbox"/> Metis <input type="checkbox"/> Inuit				
Date of Birth			Medical	
(Year)	(Month)	(Day)	Medical Alert Information/Disability/Allergies:	
Gender				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer to Specify:			(Two-Spirit, Agender, Another Gender, Bigender, Gender Diverse, Genderfluid, Genderqueer, Intersex, Nonbinary, Trans Boy, Trans Feminine, Trans Man, Trans Masculine, Trans Woman)	
<input type="checkbox"/> Prefer Not to Disclose				
HOME ADDRESS				
Number	Street Name		Apt #	City/Town    Postal Code
Home Phone Number: ( ) -		Cell Phone Number: ( ) -	Student Email (other than GAPPS):	
CITIZENSHIP AND RESIDENCY				
Country of Birth:			Country of Last Residence before arrival in Canada:	
Province of Birth (Canada Only):			Country of Citizenship:	
Arrival Date in Canada:				
(Year)			(Month)	(Day)
Status in Canda:			Proof of Status:	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student VISA <input type="checkbox"/> Refugee			<input type="checkbox"/> Birth Certificate <input type="checkbox"/> VISA/Refugee Documents <input type="checkbox"/> Citizenship Card <input type="checkbox"/> Immigration Papers <input type="checkbox"/> PR Card <input type="checkbox"/> Notice of Decision from IRCC <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Certificate of Indian Status	
Proof of Ontario Residency (Tax Bill; Utility Bill; Rental Agreement; Agreement of Purchase and Sale)				
<input type="checkbox"/> Proof Received <input type="checkbox"/> Proof Submitted				
Office Use Only				

**EMERGENCY CONTACT PERSON**

<b>Last Name:</b>	<b>First Name:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Contact to Student:	Contact lives with student:	Does Contact Person Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone Number:	Cell Phone Number:	Business Phone Number/Ext.:

**EDUCATIONAL BACKGROUND**

Most Recent Ontario High School attended:	Name of School Board/City:	
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been expelled from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES", were you readmitted: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	If "YES" did you attend: <input type="checkbox"/> Yes <input type="checkbox"/> No

**CANADA'S ANTI-SPAM LEGISTRATION (CASL) IMPORTANT INFORMATION**

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, field trips books, and events where a financial transaction is required.

Do you consent to receive electronic messages of this nature:      \_\_\_ Yes    \_\_\_ No

**Note: You will continue to receive emails on all other school matters.**

**NOTICE**

Personal Information is collected at registration pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this personal information should be directed to the Privacy Office, York Region District School Board, 60 Wellington Street, West, Box 40, Aurora, Ontario L4G 3H4 or (905)727-3141, Extension 2015.

I certify that the above information contained on this form is accurate.

<b>Signature</b>	<b>Date</b>

**Note: The Registration Form must be filed in the OSR and remains until 5 years post retirement for Ministry Audit purposes. If student leaves YRDSB, it is removed before the OSR is sent.**