


**INSTRUCTIONS FOR COMPLETING THE SECONDARY SCHOOL REGISTRATION FORM - PAGE 1
(INTERNATIONAL STUDENTS)**

		OEN#:	Grade:
		Teacher:	Admit Date:
Secondary Student Registration Form			
<small>This Section for Office Use Only</small>			
<small>Information on this form will be used for home/school communications, planning and programming such as transportation, and to establish the Ontario Student Record. 1) Save this Form to your computer Desktop 2) Open using Adobe Acrobat Reader DC > File > Save (when Done)</small>			
PLEASE PRINT			
Student Information			
Legal Name - Family Name, First Name and Middle Name			
Preferred Name - Last Name, First Name			
Date of Birth: (yyyy/mm/dd)	Grade	Siblings at This School: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____
Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Prefer Not to Disclose <input type="radio"/> Prefer to Specify _____		Gender Identity <small>(Two-Spirit, Agender, Another Gender, Bigender, Gender Diverse, Genderfluid, Genderqueer, Intersex, Nonbinary, Trans Boy, Trans Feminine, Trans Girl, Trans Man, Trans Masculine, Trans Woman)</small>	
#/Street		Unit #	City/Town
P.O. Box or RR#	Township	Postal Code	Home Phone # _____ Unlisted <input type="checkbox"/>
Medical Alert Information/ Disability/Allergies:			
Country of Birth:		Country of Last Residence:	
Province of Birth:		Arrival Date:	
Country of Citizenship:		Status in Canada:	
First Language:		Language(s) Spoken at Home:	
Main Language Spoken at Home:		Student Identification Through IPRC <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student has an IEP <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the student is considered to be of Indigenous ancestry, please check all categories that apply: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			
Parent/Legal Guardian Information			
Custody Information****: <input type="radio"/> Both Parents <input type="radio"/> Mother Only <input type="radio"/> Father Only <input type="radio"/> Shared <input type="radio"/> Joint <input type="radio"/> Guardian <input type="radio"/> C.A.S.			
Living With: <input type="radio"/> Both Parents <input type="radio"/> Mother Only <input type="radio"/> Father Only <input type="radio"/> Guardian <input type="radio"/> Other <input type="radio"/> C.A.S.			
<small>Note: ****Written Custody Agreement or Court Order should be retained in the student's OSR.</small>			
Parent/Guardian Information #1			
Name - Last Name, First Name:			
Relationship to Student:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salutation:
Emergency Contact Priority: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>		School Closure Contact Priority: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	
Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	Lives with Student: <input type="checkbox"/>	Special Custody: <input type="checkbox"/>
Access to Records: <input type="checkbox"/>	Speaks School Language: <input type="checkbox"/>	Receives Mail: <input type="checkbox"/>	
Home Phone # _____		Business Phone # _____ ext. _____	
Cell Phone # _____		Email address _____	
Address (if different from student) #/Street:			
City/Town	Unit #	P.O. Box or RR#	Township _____ Postal Code _____
Parent/Guardian Information #2			
Name - Last Name, First Name:			
Relationship to Student:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Salutation:
Emergency Contact Priority: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>		School Closure Contact Priority: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	
Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	Lives with Student: <input type="checkbox"/>	Special Custody: <input type="checkbox"/>
Access to Records: <input type="checkbox"/>	Speaks School Language: <input type="checkbox"/>	Receives Mail: <input type="checkbox"/>	
Home Phone # _____		Business Phone # _____ ext. _____	
Cell Phone # _____		Email address _____	
Address (if different from student) #/Street:			
City/Town	Unit #	P.O. Box or RR#	Township _____ Postal Code _____

COMPLETE THIS SECTION ➡

Include student's address in Canada

COMPLETE THIS SECTION ➡

COMPLETE THIS SECTION ➡

Enter parent information if student is living with parent in Canada

OR

Enter custodian information if student not living with parent

COMPLETE THIS SECTION ➡

Enter the person with whom the student will reside.

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COMPLETE THIS SECTION ➡

A person other than the parent or custodian.

Emergency Contact Information (other than Parent)		
Name - Last Name, First Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Student:	Emergency Contact Priority: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	
Home Phone #	School Closure Contact Priority: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	
Business Phone #	Cell Phone #	E-Mail Address:

COMPLETE THIS SECTION ➡

Complete if the student is coming from an Ontario public school board.

Educational Background			
Previous School Attended:			
Address #/Street:			
City:	Province/State:	Country:	Postal Code:
Previous Board Attended:			
Departure Date:		Last Grade Attended:	
Home School (if attending on a transfer):			
Transfer Reason:		First Entry into Secondary School (yyyy/mm/dd)	
Has your child ever been expelled from another school?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, was the student re-admitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this student currently under suspension from any school?		Yes <input type="radio"/> No <input type="radio"/>	If Yes, Name of School:

COMPLETE THIS SECTION ➡

Canada's Anti-Spam Legislation (CASL) Important Information to Parents/Guardians	
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? <input type="radio"/> Yes <input type="radio"/> No	
Note: You will continue to receive emails on all other school matters.	

COMPLETE THIS SECTION ➡

Notice to Parents/Guardians		
Personal information is collected at registration pursuant to the <i>Education Act</i> and the <i>Municipal Freedom of Information and Protection of Privacy Act</i> . 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 3H2 or (905) 727-3141, Extension 2015.		
I hereby certify that the above information contained on this form is accurate		
Signed (Parent/Guardian)	(Print Parent/Guardian Name)	Date
<small>Click "Sign" in the toolbar at the top of the page. Then draw, type, or choose an image for your signature. Then click "Apply" to place your signature on the form.</small>		yyyy/mm/dd
Note: The 'Required Documentation' form MUST be signed and attached to this Registration Form then 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. ONLY the proof of birth document is to be copied and retained until the OEN verification takes place, after which it must be DESTROYED. NO OTHER identity documents are to be copied and filed.		

STOP HERE - PAGE 3 AND 4 ARE FOR OFFICE USE ONLY

ADDITIONAL DOCUMENTATION REQUIRED:

- Photocopy of photo page of passport
- Photocopy of visitor/entry visa (if applicable, not required in all cases)
- Photocopy of study permit, OR copy of study permit approval letter
- Education Service Agreement (multi-page document signed by the custodian, parent(s) and student)
- Recent school transcript/report card (in English)