


Guidelines for completing the YRDSB School Registration Form

		This Section for Office Use Only		OEN #	Grade
				Student #	Admit Date:
Entered in SIS: <input type="checkbox"/>					
Secondary Student Registration Form					
<p>Information on this form will be used for homeschool communications, planning and programming such as transportation, and establish the Ontario Student Record. 1) Save this Form to your computer Desktop 2) Open using Adobe Acrobat Reader DC > File > Save (when Done) PLEASE PRINT</p>					
Student Information					
Legal Name - Family Name, First Name and Middle Name					
Preferred Name - Last Name, First Name					
Date of Birth:		Current Year Grade		Siblings At This School <input type="checkbox"/> Yes <input type="checkbox"/> No	
(yyyy/mm/dd)				Name: _____ Name: _____	
Gender (Two-Spirit, Agender, Another Gender, Bigender, Gender Diverse, Genderfluid, Genderqueer, Intersex, Nonbinary, Trans Boy, Trans Feminine, Trans Girl, Trans Man, Trans Masculine, Trans Woman) <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Not Disclosed <input type="radio"/> Self Identified _____ Gender Identity					
#/Street			Unit #	City/Town	
P.O. Box or RR# <input type="checkbox"/> <input type="checkbox"/>		Municipality		Postal Code	Home Phone #
Country of Birth:			Country of Last Residence:		
Province of Birth:			Arrival Date:		
Country of Citizenship:			Status In Canada:		
First Language:			Preferred Language:		
Additional Languages:					
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					
Medical Alert Information		Note: Only to be completed when a health care plan or an essential routine health plan is required, in consultation with the school Principal.			
Medical Condition(s) <i>Please check all that apply:</i>		Lifesaving Medication <i>(EpiPen, Puffer, etc.)</i>	Lifesaving Medication Location(s)	Medical Alert Notes	
<input type="checkbox"/> Anaphylaxis		<input type="checkbox"/>			
<input type="checkbox"/> Asthma		<input type="checkbox"/>			
<input type="checkbox"/> Diabetes		<input type="checkbox"/>			
<input type="checkbox"/> Seizures		<input type="checkbox"/>			
<input type="checkbox"/> Other:		<input type="checkbox"/>			

COMPLETE THIS SECTION ►

Enter student personal information

Enter student address in Canada

Enter country of birth, citizenship, etc.

COMPLETE THIS SECTION ►

Only required when a health care plan or an essential routine health plan is required.

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(for international students, choose Guardian, in place of Custodian)

COMPLETE THIS SECTION ►

Enter parent information if student is living with their parent.

Enter the custodian information if the student is NOT living with their parent.

COMPLETE THIS SECTION ►

If the student is NOT living with the parent or custodian, enter the person with whom the student will reside.

COMPLETE THIS SECTION ►

Enter the name of a person, in Canada, other than the parent or the custodian, which can be contacted in an emergency.

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.				
Note: ****Written Custody Agreement or Court Order should be retained in the students' OSR.				
Parent/Guardian Information #1				
Name - Last Name, First Name:				
Relationship to Student:				Salutation:
<small>(Agency, Children's Aid, Daycare Provider, Foster Parent, Friend, Host Family, Legal Guardian, Neighbour, Parent, Partner, Relative, Sibling, YRDSBStaff, Other)</small>				
Emergency Contact Priority: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>				
Gender		<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>		
<input type="radio"/> M <input type="radio"/> F <input type="radio"/> Not Disclosed <input type="radio"/> Self Identified		Gender Identity		
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 #		Cell Phone #		
<input type="checkbox"/> Priority		<input type="checkbox"/> Priority		
Business Phone #		Email address		
Extension #				
Address (if different from student) #/Street:				
City/Town	Unit #	P.O. Box/RR#	Municipality:	Postal Code:
		<input type="checkbox"/> <input type="checkbox"/>		
Parent/Guardian Information #2				
Name - Last Name, First Name:				
Relationship to Student:				Salutation:
<small>(Agency, Children's Aid, Daycare Provider, Foster Parent, Friend, Host Family, Legal Guardian, Neighbour, Parent, Partner, Relative, Sibling, YRDSBStaff, Other)</small>				
Emergency Contact Priority: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>				
Gender		<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>		
<input type="radio"/> M <input type="radio"/> F <input type="radio"/> Not Disclosed <input type="radio"/> Self Identified		Gender Identity		
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 #		Cell Phone #		
<input type="checkbox"/> Priority		<input type="checkbox"/> Priority		
Business Phone #		Email address		
Extension #				
Address (if different from student) #/Street:				
City/Town	Unit #	P.O. Box/RR#	Municipality:	Postal Code:
		<input type="checkbox"/> <input type="checkbox"/>		
Emergency Contact Information (other than Parent)				
Name - Last Name, First Name			Gender <input type="radio"/> M <input type="radio"/> F	
Relationship to Student:		Emergency Contact Priority: 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>		
Home Phone #		Cell Phone #		
<input type="checkbox"/> Priority		<input type="checkbox"/> Priority		
Business Phone #		Email address		
Extension #				

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Complete this section ONLY if the international student is coming from another school in Ontario.

Educational Background			
Has the student previously attended a YRDSB school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of school:			
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="checkbox"/> No <input type="checkbox"/>	If Yes, Name of School:

COMPLETE THIS SECTION ►

Indicate if you would like to receive electronic messages.

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?	
Parent/Guardian 1: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian 2: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: You will continue to receive emails on all other school matters.	

COMPLETE THIS SECTION ►

Parent/Custodian to sign to certify that the information is accurate.

Notice to Parents/Guardians		
Personal information is collected at registration pursuant to the <i>Education Act and the 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. Failure to provide the required documents and/or providing information that is not true and accurate can/may result in the revocation of the child(ren)'s registration in a YRDSB school.		
Signed (Parent/Guardian) <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>	(Print Parent/Guardian Name)	Date 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. No identity documents are to be copied and filed in the OSR.		

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OTHER DOCUMENTATION REQUIRED ►

- Original and copy of the student's passport
- Original and copy of the student's visitor/entry visa (if applicable)
- Original and copy of the student's study permit
- Education Service Agreement (multi-page document, issued with the Letter of Acceptance, and signed by the custodian, parent(s) and student)
- Recent school transcript/report card (in English) – student to bring with them to school to submit to the Guidance Counsellor

Pages 4 to 6 of this form are office use only.