



This Section for Office Use Only

OEN #	Grade
Student #	Admit Date:
	Entered in SIS: <input type="checkbox"/>

## Secondary Student Registration Form

- 1) Save this Form to your computer Desktop
- 2) Open using Adobe Acrobat Reader DC > File > Save (when done)

### Student Information

Legal Name - Family Name, First Name and Middle Name			
Preferred Name - Last Name, First Name			
Date of Birth: <small>(yyyy/mm/dd)</small>	Current Year Grade	Siblings At This School <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Name: _____
Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Prefer Not to Disclose <input type="radio"/> Prefer to Specify _____ <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# <input type="radio"/> <input type="radio"/>	Municipality	Postal Code	Home Phone #  Cell 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:		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			

### 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) <small>Please check all that apply.</small>	Lifesaving Medication <small>(EpiPen, Puffer, etc.)</small>	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"/>		

**Parent/Legal Guardian Information**

Custody Information\*\*\*\*:  Both Parents  Mother Only  Father Only  Shared  Joint  Guardian  C.A.S.  
 Living With:  Both Parents  Mother Only  Father Only  Guardian  Other  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: (Agency, Children's Aid, Foster Parent, Host Family, Legal Guardian)	Salutation:
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Emergency Contact Priority: 1  2  3

Parent/Guardian: Custody:  Lives with Student:  Special Custody:

Access to Records:  Speaks School Language:  Receives Mail:

Home Phone # <input type="checkbox"/> Priority	Cell Phone # <input type="checkbox"/> Priority
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Business Phone # Extension #	Email address
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Address (if different from student) #/Street:

City/Town	Unit #	P.O. Box/RR# <input type="radio"/> <input type="radio"/>	Municipality:	Postal Code:
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**Parent/Guardian Information #2**

Name - Last Name, First Name:

Relationship to Student: (Agency, Children's Aid, Foster Parent, Host Family, Legal Guardian)	Salutation:
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Emergency Contact Priority: 1  2  3

Parent/Guardian: Custody:  Lives with Student:  Special Custody:

Access to Records:  Speaks School Language:  Receives Mail:

Home Phone # <input type="checkbox"/> Priority	Cell Phone # <input type="checkbox"/> Priority
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Business Phone # Extension #	Email address
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Address (if different from student) #/Street:

City/Town	Unit #	P.O. Box/RR# <input type="radio"/> <input type="radio"/>	Municipality:	Postal Code:
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**Emergency Contact Information (other than Parent)**

Name - Last Name, First Name

Relationship to Student: <small>(Daycare Provider, Friend/Neighbour, Relative, Parents Partner, Sibling, YRDSB Staff, Other)</small>	Emergency Contact Priority: 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/>
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Home Phone # <input type="checkbox"/> Priority	Cell Phone # <input type="checkbox"/> Priority
---	---

Business Phone # Extension #	Email address
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**Educational Background**Have you ever attended a YRDSB school?  Yes  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 previously received ESL Assistance?  Yes  NoHas there been a SEA claim for your child?  Yes  No  UnsureHas your child previously received Special Education Assistance?  Yes  No  UnsureStudent Identification Through IPRC  Yes  NoStudent has an IEP  Yes  No

Has your child ever been expelled from another school?

Yes  No If yes, was the student re-admitted? Yes  No 

Is this student currently under suspension from any school?

Yes  No 

If Yes, Name of School:

**Subscribe to Commercial Electronic Messages**

In accordance with Canada's Anti-Spam Legislation (CASL), YRDSB schools require your consent to send electronic messages of a commercial nature, such as but not limited to, promotions or advertisements about school fundraisers, lunch programs, book fairs, and the sale of yearbooks, prom, or dance tickets, and other similar offers.

You can subscribe or unsubscribe your e-mail address at any time by visiting your school's website or by selecting the 'unsubscribe' link located at the bottom of a commercial electronic message.

**Note: Parents/Guardians will continue to receive notifications on all other school matters that are not of a commercial nature such as information nights, student absences, or inclement weather days.**

Do you consent to receive electronic messages of this nature?

Parent/Guardian 1:  Yes  NoParent/Guardian 2:  Yes  No**Notice to Parents/Guardians**

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2, s. 266.2 and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56. It will be used to establish your child's Ontario Student Record and to administer your child's registration, admission, enrollment into, and attendance at a YRDSB school. Questions about the collection and use of your personal information can be directed to your school's principal or to the YRDSB's Privacy Office, 60 Wellington Street West, Aurora, Ontario L4G 3H2 or (905) 727-0022.

For more information about how we collect and handle your personal information, please visit our Privacy Notice at <https://www2.yrdsb.ca/privacy-notice>

**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)

(Print Parent/Guardian Name)

Date

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.

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.**

Office Use Only					
Elementary and Secondary Registration - Required Documentation					
Student Number:	OEN#:				
Track:	Grade:	Homeroom:	Register:		
Program:	Admit Date:	Admit Code:			
Bussing Required: <input type="radio"/> Y <input type="radio"/> N					
OSR Status:	Requested Date:	Received Date:			
OEN Status:	Requested Date:	Received Date:			
<b>Note: Birth Verification Documents can be copied for future OEN verification. Once that occurs the record MUST be destroyed.</b>					
Check appropriate boxes below then verify accuracy by completing the <b>Sign Off</b> section on page 6.					
School Records					
<input type="checkbox"/> Transcript <input type="checkbox"/> Most Recent Report Card <input type="checkbox"/> OSSLT <input type="checkbox"/> Community Involvement Hours Completed _____					
Birth Verification					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Birth Certificate/Statement of Live Birth/Birth Registration  <input type="checkbox"/> Certificate of Registration of Birth Abroad  <input type="checkbox"/> Notice of Decision from IRCC  <input type="checkbox"/> Refugee Claimant Form (IMM 1442)  <input type="checkbox"/> Canadian Refugee Certificate of Identity  <input type="checkbox"/> Canadian Refugee Travel Document  <input type="checkbox"/> Permanent Resident Card (PRC) (Maple Leaf Card)  <input type="checkbox"/> Citizenship Record of Landing (IMM 1000)  <input type="checkbox"/> Permit to come into and remain in Canada  <input type="checkbox"/> Adoption Papers  <input type="checkbox"/> Baptismal Certificate                 </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Legal Change of Name Document  <input type="checkbox"/> Marriage Certificate or Marriage Registration  <input type="checkbox"/> Divorce Decree  <input type="checkbox"/> Passport/Study Permit/Visitor Record  <input type="checkbox"/> Visa - Student  <input type="checkbox"/> Visa - Other  <input type="checkbox"/> Citizenship Card/Certificate of Canadian  <input type="checkbox"/> Certificate of Indian Status  <input type="checkbox"/> Immigration Papers, Specify: _____  <input type="checkbox"/> Other  <input type="checkbox"/> Not Available                 </td> </tr> </table>				<input type="checkbox"/> Birth Certificate/Statement of Live Birth/Birth Registration <input type="checkbox"/> Certificate of Registration of Birth Abroad <input type="checkbox"/> Notice of Decision from IRCC <input type="checkbox"/> Refugee Claimant Form (IMM 1442) <input type="checkbox"/> Canadian Refugee Certificate of Identity <input type="checkbox"/> Canadian Refugee Travel Document <input type="checkbox"/> Permanent Resident Card (PRC) (Maple Leaf Card) <input type="checkbox"/> Citizenship Record of Landing (IMM 1000) <input type="checkbox"/> Permit to come into and remain in Canada <input type="checkbox"/> Adoption Papers <input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Legal Change of Name Document <input type="checkbox"/> Marriage Certificate or Marriage Registration <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Passport/Study Permit/Visitor Record <input type="checkbox"/> Visa - Student <input type="checkbox"/> Visa - Other <input type="checkbox"/> Citizenship Card/Certificate of Canadian <input type="checkbox"/> Certificate of Indian Status <input type="checkbox"/> Immigration Papers, Specify: _____ <input type="checkbox"/> Other <input type="checkbox"/> Not Available
<input type="checkbox"/> Birth Certificate/Statement of Live Birth/Birth Registration <input type="checkbox"/> Certificate of Registration of Birth Abroad <input type="checkbox"/> Notice of Decision from IRCC <input type="checkbox"/> Refugee Claimant Form (IMM 1442) <input type="checkbox"/> Canadian Refugee Certificate of Identity <input type="checkbox"/> Canadian Refugee Travel Document <input type="checkbox"/> Permanent Resident Card (PRC) (Maple Leaf Card) <input type="checkbox"/> Citizenship Record of Landing (IMM 1000) <input type="checkbox"/> Permit to come into and remain in Canada <input type="checkbox"/> Adoption Papers <input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Legal Change of Name Document <input type="checkbox"/> Marriage Certificate or Marriage Registration <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Passport/Study Permit/Visitor Record <input type="checkbox"/> Visa - Student <input type="checkbox"/> Visa - Other <input type="checkbox"/> Citizenship Card/Certificate of Canadian <input type="checkbox"/> Certificate of Indian Status <input type="checkbox"/> Immigration Papers, Specify: _____ <input type="checkbox"/> Other <input type="checkbox"/> Not Available				
Proof of Residency**					
<b>One Document from Category A:</b> <input type="checkbox"/> Property Tax Bill/MPAC Tax Roll # _____ <input type="checkbox"/> Rental/Lease Agreement <input type="checkbox"/> Agreement of Purchase and Sale <input type="checkbox"/> Other: * _____ <b>AND</b> <b>One Document from Category B:</b> <input type="checkbox"/> Hydro <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Residential phone/cable/internet <input type="checkbox"/> Insurance policy (home, auto, tenant)					
<b>*Documents NOT Acceptable - Credit Card Statement, Health Card, Cell Phone Bill, Driver's License, Car Ownership or Car Lease</b>					
**Proof of Residency Pilot Schools must use section below**					
Proof of Residency PILOT SCHOOLS					
<b>One Document from Category A:</b> <input type="checkbox"/> Property Tax Bill/MPAC Tax Roll # _____ <input type="checkbox"/> Agreement of Purchase and Sale <input type="checkbox"/> Any CRA document <input type="checkbox"/> Bank/Financial Institution Statement <b>AND</b> <b>Two Documents from Category B:</b> <input type="checkbox"/> Hydro <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Residential phone/cable/internet <input type="checkbox"/> Insurance policy (home, auto, tenant) <input type="checkbox"/> Any CRA document (if not used in Category A) <input type="checkbox"/> Other Provincial or Federal Document					
<b>*Documents NOT Acceptable - Credit Card Statement, Health Card, Cell Phone Bill, Driver's License, Car Ownership or Car Lease</b>					

**Citizenship and Immigrations Papers****Canadian Citizen**

Certificate of Canadian Citizenship Date (stamped date on document): \_\_\_\_\_  
(yyyy\mm\dd)

**Permanent Resident (check one)**

Parent/Guardian  Student (if an adult) Date became a permanent resident: \_\_\_\_\_  
(yyyy\mm\dd)

Stage 1 Approval Letter Stage 1 Approval Letter Date: \_\_\_\_\_  
(yyyy\mm\dd)

Permanent Resident Card Permanent Resident Card Date: \_\_\_\_\_  
(yyyy\mm\dd)

Confirmation of Permanent Resident Document Confirmation of Permanent Resident Document Date: \_\_\_\_\_  
(yyyy\mm\dd)

Equivalent Documentation from Immigration, Refugees, and Citizenship Canada (IRCC) confirming approval in principle (specify below type of document with date)

Type of Document Reviewed: \_\_\_\_\_  
Date: \_\_\_\_\_  
(yyyy\mm\dd)

**Refugee Status**

Canadian Refugee Travel Document Date of Entry (stamped date on document): \_\_\_\_\_  
(yyyy\mm\dd)

Notice of Decision from IRCC Date of Entry (stamped date on document): \_\_\_\_\_  
(yyyy\mm\dd)

Other Documentation from IRCC confirming Refugee Status Date of Entry (stamped date on document): \_\_\_\_\_  
(yyyy\mm\dd)

Refugee Protection Claimant Document Date of Entry (stamped date on document): \_\_\_\_\_  
(yyyy\mm\dd)

Consideration of Eligibility (Convention Refugee) Date of Entry (stamped date on document): \_\_\_\_\_  
(yyyy\mm\dd)

**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 (retain copy in child's OSR)

Parent Study Permit

Parent's Study Permit valid from: \_\_\_\_\_ to \_\_\_\_\_  
(yyyy\mm\dd) (yyyy\mm\dd)

Verify below that the parent is a full-time student enrolled in a program that leads to graduation with a postsecondary certificate, diploma or degree (check one):  Certificate  Diploma  Degree

**Parent's Work Permit**

Documentation from IRCC confirming approval of Work Permit (i.e. actual work permit to be issued at a later date)

Parent Work Permit

Work Permit valid from: \_\_\_\_\_ to \_\_\_\_\_  
(yyyy\mm\dd) (yyyy\mm\dd)

**Student's Study Permit \*\*\***

Student Study Permit (Parent's work permit to be issued at a later date)

Study Permit valid from: \_\_\_\_\_ to \_\_\_\_\_  
(yyyy\mm\dd) (yyyy\mm\dd)

Note: \*\*\*This student study permit is given to a child accompanying their parent on a work permit to Ontario.

**Other**

Minister's Permit to Come into/Remain in Canada  Student Study Permit/ Visitor Record (fee paying) Expiry Date \_\_\_\_\_  
(yyyy\mm\dd)

**Confirmation of Documentation and Student Eligibility for ESL/PANA Funding**

Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_  
Original Date of First Entry into Canada: \_\_\_\_\_  
(yyyy\mm\dd)

- Verified Canadian Stamped date of Entry on passport
- Confirmation of Permanent Residence Form 5292  
(Box 36 - Original Date of Entry and Box 45 - Date became a Permanent Resident)
- Permanent Resident Card (original date of entry)
- Consideration of Eligibility - Convention Refugees - Date stamped

**Special Custody or Guardianship**

Yes       Copy of Family Court Order filed in OSR

**Tax Support**

Public    Separate       Direction of School Support Form completed and filed in OSR. (only required for new students)       Permission to Attend Form

**ESL/ELD and Special Education**

ESL/ELD Status: \_\_\_\_\_      Special Education: \_\_\_\_\_      Alternative Program       Yes  
Level: \_\_\_\_\_      SEA Claim  1  2  3  4      Student has IEP:       Yes      French Immersion       Yes

**Sign Off This form is to be completed and attached to the Registration Form.**

Documentation Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Registration Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

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