



## EDUCATIONAL BACKGROUND

Is the student currently attending school?      Yes <input type="checkbox"/> No <input type="checkbox"/>		
If <u>Yes</u> , Name of School _____		Address of School _____
Phone Number of School _____		School Board _____
If <u>No</u> , Name of Previous School _____		Address of Previous School _____
Phone Number of Previous School _____		Previous School Board _____
Date Last Attended Previous School (YYYYMMDD) _____	# of Years/Months in Secondary School _____	Grade _____      Graduated    Yes <input type="checkbox"/> No <input type="checkbox"/>
	# of Years/Months out of Secondary School _____	Credits Earned To Date _____
Has this student ever been expelled from any school? 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"/>
Has this student ever attended a school in the York Region District School Board?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, School Name _____		
Home School (if attending on a transfer) _____		Transfer Reason _____ Transfer End Date (YYYYMMDD) _____
Special Program Request	ESL/ELD Support <input type="checkbox"/> Yes	Community Involvement Requirement for Ontario Secondary School Diploma (OSSD) Hours Accumulated To Date _____ Grade 10 Ontario Secondary School Literacy Test (OSSLT) Successfully Completed:      Reading <input type="checkbox"/> Writing <input type="checkbox"/> Unsuccessful Completion:    Reading <input type="checkbox"/> Writing <input type="checkbox"/> Post Secondary Planned Destination <input type="checkbox"/> Work <input type="checkbox"/> Vocational Training <input type="checkbox"/> Apprenticeship <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Other _____
	Special Education Support <input type="checkbox"/> Yes	
	Alternative Program <input type="checkbox"/> Yes	
	French Immersion Program <input type="checkbox"/> Yes	
	Other _____	

## EMERGENCY INFORMATION

Emergency Contact Name (Not Parent or Guardian) _____	Relationship _____	Contact Phone # (    ) _____	Contact Ext # _____
Contact Cellular # (    ) _____	Contact Other # (    ) _____		
Medical Information (allergies, medical alerts, medication, anaphylactic) _____			
Medication/Emergency Comments _____		Special Notes on Emergency Care _____	
Doctor's Name _____		Doctor's Phone # (    ) _____	

## NOTICE TO PARENTS/GUARDIANS AND STUDENTS

<p>Information is collected pursuant to the <i>Education Act</i>. Limited information may be disclosed beyond the Board for purposes such as:</p> <ul style="list-style-type: none"> <li>▪ Student Council activities and School Council communications,</li> <li>▪ In case of an accident or witness to an accident, the student's name and home address will be released to the Board's insurer,</li> <li>▪ The release of names, ages, grades, with photographs, artwork, writing or other school work to the media for publicity,</li> <li>▪ The use of names and/or photographs for displays in the school, newsletters and yearbooks.</li> </ul> <p>If you do not consent to the release of information for these purposes, please inform the principal in writing within 20 days.</p> <p>Notice of any changes in this information must be provided to the school office. I hereby certify that the above information is accurate to the best of my knowledge.</p>	
Signature of Student _____	Date _____
Signature of Parent/Guardian (if student under 18 years of age) _____	Date _____

# OFFICE USE ONLY

REQUIRED DOCUMENTATION			
PHOTOCOPIES OF ORIGINAL DOCUMENTS TO BE FILED IN OSR (Check Appropriate Boxes Below)			
School Records	<input type="checkbox"/> Transcript <input type="checkbox"/> Most Recent Report Card	<input type="checkbox"/> OSSLT <input type="checkbox"/> Community Involvement Hours	
Birth Verification	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Papers	<input type="checkbox"/> Other (specify) _____
Proof of Residency	<input type="checkbox"/> Tax Bill <input type="checkbox"/> Land Deed <input type="checkbox"/> Rental Agreement	<input type="checkbox"/> Lease <input type="checkbox"/> Proof of Purchase <input type="checkbox"/> Letter of Residency	<input type="checkbox"/> Permission to Attend Form <input type="checkbox"/> Other (Specify) _____
Citizenship and Immigration Papers	<input type="checkbox"/> Permanent Resident. <input type="checkbox"/> Refugee Documents <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Visitor Record (Fee Paying) Expiry Date (YYYY MM DD) _____	Permit (Visa) - Expiry Date (YYYY MM DD) _____ <input type="checkbox"/> Fee Paying <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Canadian Status Indian	
Custody or Guardianship Papers	<input type="checkbox"/> Yes <input type="checkbox"/> Copy filed in OSR		
Tax Support	<input type="checkbox"/> Public <input type="checkbox"/> Separate	<input type="checkbox"/> Direction of School Support Form Completed	
ESL/ELD Code:      Level _____	Counsellor Code _____	Special Education:      Counsellor Code _____	ISA Claim (Circle Level)    1   2   3   4
Completed by: (Counsellor's Name)	_____	Date	_____
Principal/Vice-Principal's Signature	_____	Date	_____

## SCHOOL CODING

Entry Date _____	Entry Code _____	Mident # _____	Status A / P	Bus/Route ____ / ____
Entered by: (Secretary's Name) _____			Date _____	

**The registration form may be filed independently of the OSR and must be retained by the registering school for five years post retirement.**