

**ADMINISTRATIVE GUIDELINE**

**Title: Student Registration Form**

## Section 1: Student Information

**Legal Name:**

Last  
First  
Middle

**Preferred Name:****Gender:** (please circle)

Male    Female    Non-Disclosed    Self-Identified

**Additional Gender Information:**

*Our Board is committed to working with students and families to provide environments that best respect dignity, meet individual needs and promote inclusion. A student's preferred or chosen name and a change of gender can be used on class lists, timetables, etc. However, a student's legal name cannot be changed in our student information system without documentation of a legal name change.*

**Date of Birth:**

Year (YYYY)  
Month (MM)  
Day (DD)

**Proof of Age:**

*Please include a copy of a Proof of Age document with your registration submission (acceptable documents include Birth Certificate, Baptismal Certificate, Passport/Visa)*

**Entering Grade:****First Language:****Language Spoken at Home:****Name siblings attending this school:**

## Section 2: Educational Information

**NNDSB Language Program:** (circle one)

English    Extended French    French Immersion

**Previous School Attended:**

Board  
School  
Address  
Phone

Date last attended:

**Has this student attended a school within the Near North Board before?**

Yes     No

**Has your child been identified by an IPRC?**  
(Identification Placement Review Committee)

Yes     No

**Does your child have an IEP?** (Individual Education Plan)

Yes     No

**Exceptionality as stated on IPRC:****Has your child been involved with any Community Agencies?**

Yes     No

If yes, please provide name of agency:

### Section 3: Home Information

**Home Address:**

Address

Apt/Unit

Civic/911 Number

City/Town

Postal Code

**Proof of Address:** \*\*Must be current

*Please include a copy of the Proof of Address document*

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### Section 5: Medical Information

Does your child have any life-threatening medical conditions or medical concerns?

- None       Asthma       Diabetes  
 Anaphylaxis       Other

If yes, please provide additional details:

**Health Card Number:**

#### Family Doctor Information

Name  
Phone

#### Pediatrician Information (if applicable)

Name  
Phone

### Section 6: Citizenship and Immigration Information

Country of Birth:

If Country of Birth is not Canada, please indicate date of arrival in Canada:

Entered from:

Date of Arrival in Ontario:

Country of Citizenship:

If not Canadian, specify current status in Canada:

Date related to Status identification document above (date of permanent residence, expiry date, date stamped, etc.)

### Section 7: Indigenous Ancestry Information - Optional

We ask families to voluntarily self-identify, without a need for proof of ancestry/status cards, in order for our board to understand more about the population we serve. Self-identification data is confidential but helps us provide supportive, culturally relevant programming to enhance school experiences and increase student achievement.

**If choosing to self-identify, please check the appropriate box:**

- First Nation       Métis       Inuit

### Section 8: Emergency Contact Information Must be different from Parent/Guardian listed in Section 4

#### Contact #1

Name  
Relationship to the Student  
Home Phone  
Cell Phone  
Work Phone  
...extension  
Employer

**Emergency Contact Priority:**

- 1       2       3

**School Closure Notice Priority:**

- 1       2       3

#### Contact # 2

Name  
Relationship to the Student  
Home Phone  
Cell Phone  
Work Phone  
...extension  
Employer

**Emergency Contact Priority:**

- 1       2       3

**School Closure Notice Priority:**

- 1       2       3





