



## York Catholic District School Board Elementary Student Registration Form J.K. to Grade 8

**Student Enrolling At:** \_\_\_\_\_  
(School Name)

SCHOOL OFFICE USE ONLY

Student #:	School Code:
Enrollment Date:	Teacher:
OSR Requested <input type="checkbox"/> OSR Received <input type="checkbox"/>	Bus Route:
Posted to Maplewood by: _____	Date: _____
Student Registration Reviewed by: _____ Principal/Designate	
Date: _____	
Admission Status: Pupil of the Board <input type="checkbox"/> Other Pupil <input type="checkbox"/>	

The following information will be used by school staff members to collect information in keeping with the Education Act. The principle purpose for the collection of this information is to provide confirmation of Pupil Eligibility for English as a Second Language (ESL), residency and the right to attend without paying tuition fees. This form will be retained in the student's Ontario Student Record (OSR).

**Important: This form must be completed in its entirety in order to be deemed valid.**

*In compliance with Ontario Regulation 191/11, s.12 (3), Integrated **Accessibility** Standard, the York Catholic District School Board offers accessible formats and communication supports upon request. Visit <https://www.ycdsb.ca/about/accessibility/> to submit your request.*

Note: Legal name must be as shown on legal document (i.e. birth certificate, passport) and will appear on all official school records (i.e. Report Cards/Transcripts).

STUDENT INFORMATION AND ELIGIBILITY ATTESTATION FORM			
STUDENT INFORMATION			
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	GRADE
PREFERRED FIRST NAME	OEN (ONTARIO EDUCATION NUMBER)	BIRTHDATE (M/D/Y)	<b>GENDER</b> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer Not to Disclose <input type="checkbox"/> Prefer to Specify <input type="checkbox"/> :
Pupil Proof of Date of Birth: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____			<b>Verified &amp; initialed <input type="checkbox"/> (by school)</b>
STUDENT ADDRESS			
Home Address: _____			
House #	Street	Apt./Unit #	City Province Postal Code
Main Telephone # (C <input type="checkbox"/> H <input type="checkbox"/> B <input type="checkbox"/> ): _____			Mailing Address if different from above
<b>Municipality</b>		<b>Proof of Residency:</b> 2 required <b>Verified &amp; initialed <input type="checkbox"/> (by school)</b>	
<input type="checkbox"/> Aurora <input type="checkbox"/> East Gwillimbury <input type="checkbox"/> Georgina <input type="checkbox"/> King <input type="checkbox"/> Markham		One From Each Category	
<input type="checkbox"/> Newmarket <input type="checkbox"/> Richmond Hill <input type="checkbox"/> Vaughan <input type="checkbox"/> Whitchurch-Stouffville <input type="checkbox"/> Other: _____		<input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Proof of Purchase and Sale <input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Other: _____	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Phone/Cable/Internet Bill <input type="checkbox"/> Other*: _____ <b>*Driver's License not accepted</b>
Note: If you reside outside York Region or outside the boundaries of the school, you must complete a <b>TCH19</b> form at the school for approval by the Principal and/or Superintendent. <input type="checkbox"/> <b>TCH19</b> completed			
<b>Tax Support:</b>			
Is your <b>tax support</b> designated to the English Separate School Board? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Verified &amp; initialed <input type="checkbox"/> (by school)</b>			
If yes, provide proof of Separate School Support (i.e. Property Assessment Notice or Letter from MPAC).			
If no, complete an Application for Direction of School Support Form and/or School Support Lease (available at school and online).			

### INDIGENOUS STATUS

Please indicate if the student is of Indigenous Descent: Yes  No

If yes, indicate First Nation  Inuit  Metis

### PREVIOUS SCHOOL INFORMATION

Has the student ever attended a school in Ontario?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous School Board: _____	If outside of province, please indicate province or country and language of instruction: Province/Country: _____ Language of Instruction: _____
Previous School: _____	
Address: _____	
Last Day of Attendance (M/D/Y) _____	

### SIBLING INFORMATION

Please indicate whether this student in the school is the Only  Eldest  Youngest

Does a sibling attend this school? Yes  No  If yes, indicate Last name and First name \_\_\_\_\_

Does a sibling attend another school board? Yes  No  If yes, indicate Name of School Board \_\_\_\_\_

### RELIGION

If Student is **Roman Catholic**, Original Baptismal certificate must be received (Copy must be filed in OSR) Verified & initialed  (by school)

Baptismal date: \_\_\_\_\_ Month/Day/Year      Communion date: \_\_\_\_\_ Month/Day/Year      Confirmation date: \_\_\_\_\_ Month/Day/Year

If Student is not Roman Catholic, **TCH15** form must be completed at the school **for approval**

- With **Letter of intent** from the church for the RCIA/RCIC (Rite of Christian Initiation for Adults/Children) program or

If one Parent/Guardian is Roman Catholic must present original Roman Catholic Baptismal Certificate of the Parent/Guardian

Specify who is Roman Catholic: Mother  Father  Legal Guardian

Is the Student **Orthodox**?  Yes  No

If yes, complete form **TCH-15** at the school with original Orthodox Baptismal Certificate of the student **for approval**  **TCH15** completed

### CUSTODY & GUARDIAN INFORMATION

**Are the parents separated?**  Yes  No      **Divorced**  Yes  No

If you've answered 'Yes' to either of the above two questions, please complete the Custody and Living Arrangement sections:

**Custody Information\*\*:**  Both parents  Mother Only  Father Only  Shared  Joint  Guardian  \*C.A.S  \*Group Home

**Living With:**  Both parents  Mother Only  Father Only  Shared  Joint  Guardian  \*C.A.S  \*Group Home

\* Name of Case/Social Worker: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\*\* Note: Written Custody Agreement or Court Order must be provided and a copy is to be retained in student's OSR.

If the student does not reside with a parent/foster parent, Form TCH15 must be completed to address Guardianship requirements.

If the student's parents do not reside in Ontario, a custody agreement must be provided indicating a transfer of custody from the parents to an adult resident within Ontario:  Custody Agreement reviewed

#### Guardianship\*:

If there is no Custody Agreement, then **all** the following criteria must be met (check Yes or No) in order for the child to attend school without the payment of a tuition fee:

1) The student is a Canadian citizen or a permanent resident of Canada.  Yes  No

2) The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school.  Yes  No

Immediate Family Relationship (please specify): \_\_\_\_\_

3) The guardian is assuming full responsibility for the care and well-being of the student.  Yes  No

4) A written agreement is in place between the parents of the student and the guardian that sets out all of the above, as well as the respective responsibilities of the parents and the guardian.  Yes  No

Note: \*Guardianship Forms and a TCH-15 must be completed and retained in the student's OSR.

**PARENT/LEGAL GUARDIAN INFORMATION**

**First Parent/ Guardian:** Mr. / Mrs. / Ms. (please circle one)

Relationship to student:  Mother  Father  
 Step- Mother  Step- Father

Proof of legal guardianship and/or documentation is required for any of the following :

- Foster Mother  Foster-Father  Guardian
- Grandfather  Grandmother  Group Home
- Other \_\_\_\_\_

Citizenship:  Canadian Citizen  Permanent Resident  Non-Landed  Refugee  Work/Study Permit  Diplomat Status

\_\_\_\_\_  
First Name Last Name Home Address (if different from student, or 'same as student')

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Residence Phone # (area code) Cell Phone # (area code)

\_\_\_\_\_  
Employer Name Employment phone # (area code & ext.) Email Address

**Second Parent/ Guardian:** Mr. / Mrs. / Ms. (please circle one)

Relationship to student:  Mother  Father  
 Step- Mother  Step- Father

Proof of legal guardianship and/or documentation is required for any of the following :

- Foster Mother  Foster-Father  Guardian
- Grandfather  Grandmother  Group Home
- Other \_\_\_\_\_

Citizenship:  Canadian Citizen  Permanent Resident  Non-Landed  Refugee  Work/Study Permit  Diplomat Status

\_\_\_\_\_  
First Name Last Name Home Address (if different from student, or 'same as student')

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Residence Phone # (area code) Cell Phone # (area code)

\_\_\_\_\_  
Employer Name Employment phone # (area code & ext.) Email Address

**Third Parent/ Guardian (optional):** Mr. / Mrs. / Ms. (please circle one)

Relationship to student:  Mother  Father  
 Step- Mother  Step- Father

Proof of legal guardianship and/or documentation is required for any of the following :

- Foster Mother  Foster-Father  Guardian
- Grandfather  Grandmother  Group Home
- Other \_\_\_\_\_

Citizenship:  Canadian Citizen  Permanent Resident  Non-Landed  Refugee  Work/Study Permit  Diplomat Status

\_\_\_\_\_  
First Name Last Name Home Address (if different from student, or 'same as student')

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Residence Phone # (area code) Cell Phone # (area code)

\_\_\_\_\_  
Employer Name Employment phone # (area code & ext.) Email Address

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

**STUDENT ELIGIBILITY ATTESTATION FORM**

Parent **must** present proof of student's entry into Canada. **Date of entry** is the date that the student enters Canada to live, not a short-term visit/vacation in Canada taken beforehand. Check off the document presented, and capture the 'Student's Date of Entry'. **Only one document is required. Date format is (Month/Day/Year).**

A **TCH15** is required for **students born in qualifying countries** and their **Date of Entry is within the last 4 years**; qualifying countries are **all** countries except Australia, Great Britain, Ireland, New Zealand and USA. If applicable, a completed TCH15 must be submitted to the Admissions Office with a copy of this page for verification.

STUDENT'S LEGAL STATUS	STUDENT'S COUNTRY OF BIRTH	STUDENT'S DATE OF ENTRY	VERIFIED* & INITIALED	TCH15 REQ'D						
<b>Canadian Citizen (born in Canada):</b> <input type="checkbox"/> Province: _____	Canada	N/A	<input type="checkbox"/>							
<b>Permanent Resident (PR):</b> <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Student <input type="checkbox"/> Permanent Resident Card/Confirmation of Permanent Residence			<input type="checkbox"/>	<input type="checkbox"/>						
<u>OR Awaiting Determination:</u> <input type="checkbox"/> Documentation from Immigration, Refugees and Citizenship Canada (IRCC) confirming approval in principle Type of Document reviewed: _____			<input type="checkbox"/>	<input type="checkbox"/>						
<b>OR</b> <input type="checkbox"/> Alternative evidence reviewed by the Board supporting student's intention to remain permanently in Canada Type of Document reviewed: _____			<input type="checkbox"/>	<input type="checkbox"/>						
<b>Refugee Status:</b> <input type="checkbox"/> Refugee Protection Claimant Document from IRCC			<input type="checkbox"/>	<input type="checkbox"/>						
<b>OR</b> <input type="checkbox"/> Other support document: _____			<input type="checkbox"/>	<input type="checkbox"/>						
<b>Parent's Study Permit:</b> <input type="checkbox"/> Parent's Acceptance Letter confirming the parent is enrolled as a full-time student for a minimum of 2 semesters and 600 hours at a <b>qualified</b> university, college or institution in Ontario in a program that leads to: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate (retain copy in child's OSR with proof of tuition payment) <b>AND</b> <input type="checkbox"/> Receipt for tuition fee payment <b>AND</b> <input type="checkbox"/> Parent's Study Permit Valid from _____ to _____			<input type="checkbox"/>	<input type="checkbox"/>						
<b>Parent's Work Permit:</b> <input type="checkbox"/> Documentation from IRCC confirming approval of Work Permit (i.e. actual work permit to be issued at a later date)			<input type="checkbox"/>	<input type="checkbox"/>						
<b>OR</b> <input type="checkbox"/> Parent's Work Permit valid from _____ to _____			<input type="checkbox"/>	<input type="checkbox"/>						
<b>Canadian Citizen (Student born outside Canada)</b> <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;"><b>Parent</b></td> <td style="width:50%; text-align:center;"><b>Student</b></td> </tr> <tr> <td><input type="checkbox"/> Foreign Passport</td> <td><input type="checkbox"/> **</td> </tr> <tr> <td><input type="checkbox"/> Canadian Passport/ Canadian Citizenship <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> **must be accompanied by Parent's Cdn passport or Citizenship Card	<b>Parent</b>	<b>Student</b>	<input type="checkbox"/> Foreign Passport	<input type="checkbox"/> **	<input type="checkbox"/> Canadian Passport/ Canadian Citizenship <input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Parent</b>	<b>Student</b>									
<input type="checkbox"/> Foreign Passport	<input type="checkbox"/> **									
<input type="checkbox"/> Canadian Passport/ Canadian Citizenship <input type="checkbox"/>	<input type="checkbox"/>									
<b>Visa Student (Study Permit and tuition information filed in the OSR)</b>			<input type="checkbox"/>							
<b>Exchange Student (detail about the exchange is filed in the OSR)</b>			<input type="checkbox"/>	<input type="checkbox"/>						
<b>Other:</b> <input type="checkbox"/> <b>Diplomat Status/Minister's Permit</b> - valid from _____ to _____ <input type="checkbox"/> <b>Non-Landed/None of the above</b>			<input type="checkbox"/>	<input type="checkbox"/>						

\*Verified Canadian Stamped Date of Entry on Passport, Permanent Resident Card, Refugee Protection Claimant document, Study permit, Visitor record

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If TCH15 is required: Board/School Official Name & Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE EDUCATION ACT AND THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT. QUESTIONS ABOUT THE COLLECTION AND USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY OFFICER, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO L4G 0M1 OR (905) 713-1211.

## OTHER INFORMATION

### HOME LANGUAGE

**TO BEST SERVE THE STUDENT, WE ASK THAT YOU CAREFULLY READ THIS SECTION AND COMPLETE IT AS ACCURATELY AS POSSIBLE:**

- The language the student FIRST learned to speak \_\_\_\_\_
- PRIMARY Language in which student is most fluent \_\_\_\_\_
- Primary HOME language spoken in student's home \_\_\_\_\_
- The main language spoken to the student by adults in the home \_\_\_\_\_
- The main language spoken by the student at home \_\_\_\_\_
- The main language spoken by adults at home \_\_\_\_\_

### ADDITIONAL INFORMATION

- Has the student resided outside of Canada since the date of the first time entry?  Yes  No
  - If yes, please indicate Date of Re-entry into Canada if absent for a period of more than one year from the first time entry date (**does not apply to those students who were born in Canada**) \_\_\_\_\_  
Month/Day/Year
- Country of residence prior to most recent entry into Canada \_\_\_\_\_  
Country
- Has the student ever been away from school for any period of time?  Yes  No
  - If yes, indicate the Date from : \_\_\_\_\_ Date to: \_\_\_\_\_  
Month/Day/Year Month/Day/Year
- Please indicate reason for school interruption:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: If new to Canada, we ask that you please provide the school with a copy of the student's most recent Report Card

**TO BEST SERVE STUDENTS WITH SPECIAL NEEDS, PLEASE COMPLETE THE FOLLOWING:**

- In previous board attended, was the student involved in special education programs and/or services  Yes  No
  - If special education services were provided in another school board, please sign the appropriate consent form S7 which is available at the school office.
- Does the student have SEA computer/laptop equipment?  Yes  No
  - If yes, please contact the Assistive Technology and Resource Centre, (905) 713-1211 x 11635 to plan for the student's needs accordingly.
- If this is the first time you are registering to attend school in Ontario, please indicate if there are special needs  Yes  No
  - If yes, please contact the Catholic Education Centre, Student Service Department, Coordinator of Special Programs at 905-713-1211 ext. 11622 to plan for the student's needs accordingly
- Has the student ever been expelled from another school?  Yes  No
  - If yes, was the student re-admitted  Yes  No
- Is the student currently under suspension from school?  Yes  No
- How many times was the student suspended \_\_\_\_\_

**EMERGENCY PROCEDURES AND CONSENT FORM**

**IMPORTANT- PLEASE READ**

To ensure a safe environment for all students, we ask that the parent/ guardian fully complete and sign the Emergency Procedures & Consent Form. If the student does not have allergies or a medical condition, we ask that you please complete all the sections on this form except for the Medical Information section; sign where indicated and return to the school.

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	BIRTHDATE (M/D/Y)	GRADE

Home Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_ City/ Town \_\_\_\_\_  
Home Number/ Street Number

Postal Code \_\_\_\_\_ Residence Telephone # \_\_\_\_\_

If students does not reside with both parents, indicate whom student resides with:  Mother  Father  Other  
(specify relationship) : \_\_\_\_\_

Is there a Custody Order/ Visitation access/ Special Arrangements?  Yes  No If yes, ensure information is filled out on Page 2

**EMERGENCY CONTACT # 1 (Usually Parent/ Guardian)**

Name \_\_\_\_\_ Employer Telephone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
Last Name First Name

Residence Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**EMERGENCY CONTACT # 2 (Usually Parent/ Guardian)**

Name \_\_\_\_\_ Employer Telephone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
Last Name First Name

Residence Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**EMERGENCY CONTACT # 3**

Name \_\_\_\_\_ Employer Telephone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
Last Name First Name

Residence Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**EMERGENCY CONTACT # 4**

Name \_\_\_\_\_ Employer Telephone #: \_\_\_\_\_ Ext: \_\_\_\_\_  
Last Name First Name

Residence Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

### CAREGIVER/DAYCARE INFORMATION

**CAREGIVER or DAYCARE CENTER**

Caregiver/Daycare information is important. If completed, this information will be used for transportation purposes. If the student goes to a Caregiver or Daycare Center Before and/or After school indicate:

Before School     After School

Name of Caregiver: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Daytime Phone #

Full Address: \_\_\_\_\_

Before School     After School

Name of Daycare Center: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Daytime Phone #

Full Address: \_\_\_\_\_

### MEDICAL INFORMATION

**MEDICAL INFORMATION**

**Note: The Principal may share this information with designated school personnel**

On January 1, 2006, Sabrina's Law 2005, came into force to protect students with severe allergic reactions (anaphylaxis). Our Board finalized our policy to meet the needs of this new legislation.

If the student has a dangerous life-threatening allergy(ies), including environmental allergy(ies), please specify below and complete form S15 and/or s15(a) which are available at the school office.

**My child has a life threatening allergy as explained below and I have received Form S15(a) for completion**  \_\_\_\_ (parent initial)

Please provide details for all allergies, life-threatening or not, below:

ALLERGY(IES)	Mild	Moderate	Severe	Life-Threatening

**Note:** If your child is anaphylactic, the school must have an EPI pen and your child is required to carry an EPI pen at all times.

If the student has a prevalent medical condition(s) (asthma, diabetes, and/or epilepsy) please provide details of the condition(s) below and complete form S16 and/or S16(a), as well as the applicable form(s) noted below:

MEDICAL CONDITION	I have completed condition-appropriate form
Asthma:	S40(a) <input type="checkbox"/>
Diabetes:	S16(b) <input type="checkbox"/>
Epilepsy:	S16 (c) <input type="checkbox"/>

If the student has a medical condition not listed above, please complete form 16 and/or 16(a) and describe the condition:

**As in all cases of emergency, our school will call 911 and contact the parent/guardian. In the event that neither a parent, nor the emergency contact person can be reached, I authorize the Principal or his/her designate to transport my son/daughter to the nearest medical facility by ambulance if deemed necessary.**

I certify that the information contained on this form is accurate and that I have examined and verified the applicable information as indicated. This personal information will be maintained in keeping with Freedom of Information and Privacy Legislation.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Month/Day/Year**

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