

# ELEMENTARY STUDENT REGISTRATION FORM

SCHOOL:

### Notice to Parent/Guardian

Thank you for your interest in an elementary school Catholic education with the Wellington Catholic District School Board. To register a student, the parent/legal guardian is required to provide information to the school by completing this Registration Form. Please ensure that you complete all sections and provide the school with all of the original documentation required, as noted on the form.

### Notice of Collection of Personal Information

Information on this Registration Form is collected under the legal authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Information collected on this form will be used to establish the Ontario Student Record (OSR) and for other student and educational related purposes, such as registration, administrative, communication, data reporting and transportation. The information may also be retained independently of the OSR for Ministry of Education reporting purposes. Questions or concerns about the collection of data on this form should be directed to the Principal of the school.

### MISSION STATEMENT:

To continue to build a vibrant Catholic community committed to the celebration of each individual by fostering a love of learning, through quality educational experiences, enabling all to respond in a Christian way to the challenges of life.

### GOVERNING VALUES:

We know: That witnessing the Good News of Jesus Christ is the foundation of Catholic education; That each learner is entitled to quality Catholic education; That Catholic education is a shared responsibility of home, Church, school, and community; That we are all unique and precious gifts of God; That our commitment is to foster the dignity and growth of each person in a nurturing, safe environment; That positive attitudes lead to success and happiness; That as Catholics we are called by our faith to serve others; That as an educational system we are committed to the official languages of Canada.

## SCHOOL OFFICE USE ONLY

STUDENT LAST NAME		STUDENT FIRST NAME		STUDENT DATE OF BIRTH MM/DD/YYYY	
STUDENT #	OEN #	GRADE	HOMEROOM		
TEACHER	ENROLLMENT DATE MM/DD/YYYY	FIRST DATE OF ATTENDANCE MM/DD/YYYY	OSR Requested <input type="checkbox"/>		OSR Received <input type="checkbox"/>
OFFICE USE ONLY - BOARD RESIDENCE STATUS (Indicate in Power School)			OFFICE USE ONLY - RESIDENCE STATUS (Indicate in Power School)		
E-Learning Student (09) Government of Canada (03) Native Education Authority (02) Other Student (07) (Tuition or Fee Paying)			Pupil of the Board (01) Shared Student (08) Study Permit/Temp Resident (05) Canadian Citizen (1) Native Ancestry (2) Other Visa (5) (Parent Work Permit) Permanent Resident (3) Refugee Status (7) Visa Student (4) None of the above (6)		

Please check (✓)

### DOCUMENTATION (OFFICE USE ONLY)

Birth Certificate or other document to provide birth verification, i.e. passport. (Do not copy)	Roman Catholic Baptismal Certificate (Parent and/or child) (Copy & file in OSR for 5 yrs. past the last day of attendance.)	Legal Court documents for Custody/Access (Copy if applicable)
Current IEP attached (if applicable)	ESL Form (Copy & file in OSR for 5 yrs. past the last day of attendance.)	Anaphylaxis Emergency Plan (if applicable)
Diabetes Student Management Plan (if applicable)	Student Asthma Management Plan (if applicable)	Administration of Medication to Student Form (if applicable)

### ADDITIONAL FORMS/DOCUMENTS (OFFICE USE ONLY)

Proof of Address – Document #1 Proof of Address – Document #2 (Do Not Copy)	Application for Direction of School Support Forward to MPAC.	Separate School Lease (if required) Forward to MPAC.
Immunization Data Form (Parent to complete directly with Wellington-Dufferin-Guelph Public Health Unit.)	Study Permit Issued by Immigration Canada (if applicable)	Original Citizenship & Immigration Documents (if applicable)
Other:		



**TO BE COMPLETED BY PARENT/GUARDIAN - PLEASE PRINT CLEARLY**

<b>STUDENT INFORMATION</b>									
LEGAL LAST NAME					LEGAL FIRST NAME				
PREFERRED LAST NAME					PREFERRED FIRST NAME				
DATE OF BIRTH	MONTH	DAY	YEAR		GENDER MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	LEGAL MIDDLE NAME		
SIBLINGS: SCHOOL AGE	FIRST NAME LAST NAME				GRADE	SCHOOL			
SIBLINGS: PRESCHOOL AGE	FIRST NAME LAST NAME						YEAR OF BIRTH		
<b>PROPERTY ADDRESS INFORMATION</b>									
<i>It is the parent's responsibility to immediately report, in writing, all address changes to the school.</i>									
STREET ADDRESS					APT./UNIT #	P.O. BOX #	LOT	CONCESSION	RR#
HOUSE #	STREET NAME								
CITY/MUNICIPALITY			PROVINCE	POSTAL CODE	HOME TELEPHONE			UNLISTED	
						YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>MAILING ADDRESS (only if different from property address above)</b>									
<b>SAME</b> <input type="checkbox"/>									
STREET ADDRESS					APT./UNIT #	P.O. BOX #	LOT	CONCESSION	RR#
HOUSE #	STREET NAME								
CITY/MUNICIPALITY			PROVINCE	POSTAL CODE	<b>FOR OFFICE USE ONLY</b>				
						OUT OF BOUNDARY <input type="checkbox"/> HOME SCHOOL _____			
<b>PLEASE PRESENT AT LEAST 2 PIECES OF PERSONAL IDENTIFICATION OR REGISTERED DOCUMENTS TO CONFIRM ADDRESS.</b>									
<b>SCHOOL HISTORY</b>									
<i>Please provide a copy of the student's last Report card.</i>									
PREVIOUS SCHOOL ATTENDED				CITY		PROVINCE	SCHOOL TELEPHONE #		
PREVIOUS SCHOOL BOARD				LAST DATE OF ATTENDANCE AT THE SCHOOL (MM/DD/YYYY)			CURRENT GRADE		
<input type="checkbox"/> Student has been identified through the IPRC process as Exceptional Pupil <input type="checkbox"/> Student has an IEP (Individual Education Plan) <input type="checkbox"/> Student has a Safety Plan Has your child ever attended a school in the WELLINGTON CATHOLIC DISTRICT SCHOOL BOARD in the past? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, provide name of school and date: Is your child currently under suspension from another school? YES <input type="checkbox"/> NO <input type="checkbox"/> Is your child currently expelled from another school? YES <input type="checkbox"/> NO <input type="checkbox"/>									
<b>CITIZENSHIP INFORMATION</b>									
<i>Please provide valid documents (originals only) to confirm status in Canada.</i>									
SELF-IDENTIFICATION FOR ABORIGINAL STUDENTS (Declaration is voluntary): <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT									
FIRST LANGUAGE SPOKEN:    English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> (please indicate):						FIRST LANGUAGE AT HOME:			
Child was: BORN IN CANADA <input type="checkbox"/>				PROVINCE OF BIRTH:			ENTRY DATE TO ONTARIO:    MM/DD/YYYY		
Child was: BORN OUTSIDE OF CANADA <input type="checkbox"/>				COUNTRY OF BIRTH:			ENTRY DATE TO CANADA:    YYYY/MM		
CHILD'S COUNTRY OF CITIZENSHIP									
<b>RESIDENCE STATUS IN CANADA:</b> Original Citizenship and Immigration documents must be presented to School for completion of Pupil Eligibility Form. CANADIAN CITIZEN <input type="checkbox"/> CONVENTION REFUGEE/CLAIMANT <input type="checkbox"/> TEMPORARY RESIDENT <input type="checkbox"/> VISITOR <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> OTHER VISA (WORK PERMIT) <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER: <input type="checkbox"/>									
<b>ATTENTION: SCHOOL OFFICIAL</b> Citizenship and Immigration Canada documentation ( <i>only original documents accepted</i> ) presented must be examined by School Official to confirm pupil eligibility. Complete Confirmation of Pupil Eligibility for English as a Second Language/Literacy Development Funding (PEF) Form when student is born outside of Canada.									
<b>FEE-PAYING STUDENTS and EXCHANGE STUDENTS</b> <i>Prior to registering, must be approved by the School Board to attend school. Please bring proof, in writing, of acceptance to attend school.</i>				STUDENT VISA: INTERNATIONAL FEE-PAYING STUDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> Study Permit Expiry Date:			STUDENT VISA: STUDENT EXCHANGE PROGRAM? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Exchange Organization:		

**CUSTODY INFORMATION** *It is the parent's responsibility to provide written documentation of relevant custody access information.*

WHO HAS LEGAL CUSTODY?  BOTH PARENTS  MOTHER ONLY  FATHER ONLY  LEGAL GUARDIAN (Name)

CHILD LIVES WITH  BOTH PARENTS  MOTHER ONLY  FATHER ONLY  LEGAL GUARDIAN (Name)

Is child a CROWN WARD? YES  NO

Is there a COURT ORDER limiting access to one or both of the parents? YES  NO  IF YES, please provide the School with Court Order documents.

**MEDICAL INFORMATION**

DOCTOR'S NAME	TELEPHONE	DENTIST'S NAME	TELEPHONE
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Child has a **MEDICAL CONDITION/ALLERGIES** the school must be aware of: YES  NO  If YES, please provide details:

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Is the condition life threatening? YES  NO  IF YES, additional forms must be completed.

Does your child suffer from a condition that could cause **ANAPHYLACTIC SHOCK**: YES  NO  If YES, additional forms must be completed.

**INFORMATION for MOTHER  GUARDIAN**       **INFORMATION for FATHER  GUARDIAN**

LAST NAME	LAST NAME
FIRST NAME	FIRST NAME
<b>PARENT ADDRESS (Only if different from property address on pg. 2) SAME <input type="checkbox"/></b>	
HOUSE #    STREET NAME	HOUSE #    STREET NAME
APT/UNIT #    P.O. BOX    RR#	APT/UNIT #    P.O. BOX    RR#
CITY	CITY
PROVINCE	PROVINCE
POSTAL CODE	POSTAL CODE
HOME TELEPHONE	HOME TELEPHONE
UNLISTED YES <input type="checkbox"/> NO <input type="checkbox"/>	UNLISTED YES <input type="checkbox"/> NO <input type="checkbox"/>
CELL PHONE	CELL PHONE
PAGER #	PAGER #
EMPLOYER	EMPLOYER
OCCUPATION	OCCUPATION
WORK TELEPHONE	WORK TELEPHONE
EXT. #	EXT. #
YES, I can be reached at work <input type="checkbox"/>	YES, I can be reached at work <input type="checkbox"/>
EMAIL	EMAIL

ALL STUDENT REPORTS ARE TO BE SENT TO: BOTH PARENTS  MOTHER ONLY  FATHER ONLY  LEGAL GUARDIAN

**EMERGENCY CONTACT INFORMATION**

**If the school is unable to reach the parent/guardian, in an emergency, the school will contact the following person(s) in order of priority as listed.** It is the parent's responsibility to ensure that the emergency contact information is correct and has been provided with the approval of the individuals listed.

<b>CONTACT PERSON #1</b> LAST NAME	<b>CONTACT PERSON #2</b> LAST NAME
FIRST NAME	FIRST NAME
HOME TEL #	HOME TEL. #
WORK TEL#	WORK TEL. #
CELL PHONE #	CELL PHONE #
ADDRESS	ADDRESS
CAN PICK UP STUDENT <input type="checkbox"/>	CAN PICK UP STUDENT <input type="checkbox"/>
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT

**BAPTISMAL INFORMATION** *In accordance with the Education Act, only Roman Catholics are entitled to direct education taxes to the Catholic school board; and a Roman Catholic baptism certificate is required to confirm baptism in a Catholic Church.*

Elementary school students must participate in all required instructional periods, including classes in religious education, family life education and liturgical celebrations at the school. Catholic education exists to provide a quality Catholic education which fosters and directs the spiritual growth of all students to enable them to live and contribute as responsible citizens in society. Admission to a Catholic school is based on the desire to grow in Catholic values and faith; the acceptance of the special characteristics of Catholic education; and the commitment to uphold the Catholic character of the school and the Catholic Graduate Expectations.

STUDENT Roman Catholic <input type="checkbox"/> Other <input type="checkbox"/>	MOTHER Roman Catholic <input type="checkbox"/> Other <input type="checkbox"/>	FATHER Roman Catholic <input type="checkbox"/> Other <input type="checkbox"/>
NAME OF CATHOLIC PARISH:		CITY:

## CONSENT FOR RELEASE OF STUDENT INFORMATION (FORM FOI-A1)

Under Ontario law, the Wellington Catholic District School Board (WCDSB) is required to inform you about how your child's personal information is used and disclosed and obtain your consent.

The use of student images/voice/work is permitted, without consent, for educational programming and assessment purposes, or for other purposes consistent with its use and where there is a reasonable expectation that students may be identified (e.g. student displays of work or images displayed in the school hallways, recognition assemblies, participation in school sports events, student showcases of artwork or writing, graduation awards and programs, etc.).

### 1. STUDENT IMAGE/VOICE/WORKS

At the WCDSB, we regularly celebrate student achievement and showcase school activities to the wider community on a variety of communication platforms including, but not limited to, school or board newsletters, school and Board websites, social media, board publications, media reports, and promotional materials. We require your consent for your child's image/voice/works to be used for these purposes.

I hereby give my consent to the Board to record, film, photograph, audiotape or videotape my child's image/voice/works in the promotion of Catholic education, corporate-related activities, and media reports in a variety of communication platforms as outlined above. This consent is given voluntarily in accordance with the Municipal Freedom of Information and Protection of Privacy Act.

- I consent** to the use of Student Image/Voice/Works for the purposes outlined above.
- I do not consent** to the use of Student Image/Voice/Works for the purposes outlined above.

### 2. MEDIA RELEASE CONSENT

The Wellington Catholic District School Board and its schools cooperate with media organizations, within reason, to encourage the celebration of Catholic Education, school achievements, sharing information about students and staff and their work and to report newsworthy events. For example, a media organization may want to: interview your child about a newsworthy event; film/photograph or digitally record your child doing an activity; showcase your child's work or accomplishments. This will only be permitted with your consent.

- I consent** to the above use Media Release
- I do not consent** to the above use Media Release

### 3. ANTI-SPAM CONSENT

Canada's Anti-Spam Legislation (CASL) prohibits the sending of commercial electronic messages, including e-mails and other forms of digital messaging if the electronic message encourages participation in a commercial activity, unless the sender has received the recipient's consent prior to sending the message.

The Wellington Catholic District School Board requires your consent to send any electronic messages (e.g. e-mail, electronic newsletter) which promote, advertise or offer for sale goods and services from your child's school. You may withdraw your consent at any time by notifying the school Principal, or by unsubscribing to any further commercial electronic messages you receive from the board/school.

- I consent** to receive electronic messages as per the above Anti-Spam Legislation
- I do not consent** to receive electronic messages as per the above Anti-Spam Legislation

I understand that this consent for the Use of Student Image/Voice/Works, Media Release and Anti-Spam may be withdrawn by me at any time with written notice to the principal or amended through the annual student information verification form. If you have any questions or concerns please contact your school principal.

### STUDENT USE OF TECHNOLOGY FORM

- I have understood the Wellington Catholic District School Board's Appropriate Use of Technology policy and its related documentation( P.GSA.F.3 & R.GSA.F.3 & App.GSA.F.3.).
- I recognize that the full policy and related documentation governing my child's use of technology is available on the board's website or from my child's school.
- I will emphasize the ethical and responsible use of technology and caution my child about unsafe communication with others on the internet.
- I grant permission for my child to access networked information technology, inclusive of the internet and e-mail for educational purposes. I am aware that my child will be given instruction in the proper use of the internet at school and further recognize that I am responsible to supervise my child's use of the computer and internet at home.
- I agree to fully cooperate with the Board and any relevant investigating authority, should a serious infraction of the policy occur due to the use of non-Board owned technology, on Board premises.

- I consent** to the above Student Use of Technology
- I do not consent** to the above Student Use of Technology

NAME of PARENT/GUARDIAN		
SIGNATURE		DATE