

SCHOOL: _____

DATE OF REGISTRATION: _____

DATE OF ADMISSION: _____

Shaded Areas for Office Use		PLEASE PRINT CLEARLY		Student #	
Legal Last Name, First Name, Middle Name				Lived Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Preferred Last Name, First Name, Middle Name (same as above <input type="checkbox"/>)				Home Phone Number	Unlisted <input type="checkbox"/>
				Cell Phone Number	
Date of Birth		Proof of Age Document		Grade	
Year Month Day		Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/>			
		Other <input type="checkbox"/> <i>Specify Other</i>		Homeroom	
Proof of Legal Name Verified By (e.g. secretary name)				OEN #	
911 Address #	Apt/Unit	Street Name		City/Town	
				Postal Code	
Mailing Address (if different from above)				Previously Attended School in TLDSB? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				School Name	
Proof of Address				Non-TLDSB Previous School Name and Board Name	
<input type="checkbox"/> Current Agreement of Purchase and Sale					
<input type="checkbox"/> Current Utility Bill					
<input type="checkbox"/> Current Property Tax Bill					
<input type="checkbox"/> Current Home Phone/Cable/Internet bill					
<input type="checkbox"/> Other: Please specify				Address (include Province/Country & Phone Number of Previous School)	
(Driver's License/cell phone bills not acceptable for audit purposes)				Language of Instruction	
				Last Date of Attendance	
Board Residence Status		Pupil of the Board <input type="checkbox"/>		Other Pupil <input type="checkbox"/>	
		Native Education Authority <input type="checkbox"/>		Government of Canada <input type="checkbox"/>	
				Study Permit/Temporary Pupil <input type="checkbox"/>	
				E-Learning (from other board) <input type="checkbox"/>	
Citizenship					
Citizen of: Canada <input type="checkbox"/> Other <input type="checkbox"/> (list country) _____					
Study Permit/Visitor Record <input type="checkbox"/> Diplomat Status/Minister's Permit <input type="checkbox"/> Exchange Student <input type="checkbox"/> Parent Work/Study Permit <input type="checkbox"/>					
Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other Status <input type="checkbox"/> Did family come to Canada as refugees? Yes <input type="checkbox"/> No <input type="checkbox"/>					
City of Birth	Province of Birth	Country of Birth		Date of First Entry to Canada	Verified Canadian Stamped Date of Entry on Passport Yes <input type="checkbox"/>
Country/Province of Current Residence:		First Language		Has your child previously been receiving English as a Second Language (ESL) instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Documentation Examined and Verified for Eligibility– Documents Should Not Be Copied					
Permanent Resident: Parent Guardian <input type="checkbox"/> Adult Student <input type="checkbox"/>			Permanent Resident Stage 1 Approval Letter <input type="checkbox"/>		
<input type="checkbox"/> Confirmation of Permanent Residence Form 5292 (Box 36 – Original Date of Entry and Box 45 – Date became a Permanent Resident)					
<input type="checkbox"/> Permanent Resident Card (original date of entry)					
<input type="checkbox"/> Consideration of Eligibility – Convention Refugees – date stamped					
Perm Res. Equivalent Documentation form Immigration, Refugees And Citizenship Canada (IRCC confirming approval in principle) <input type="checkbox"/>					
Type of Document Reviewed			Date of Document: (DD-MM-YYYY)		
Confirmation of Refugee Status documentation from IRCC <input type="checkbox"/>			Other/Fee Paying Pupil <input type="checkbox"/>		
Consideration of Eligibility (Convention Refugee) <input type="checkbox"/>			Fees Paid by (Agency/Other): _____		
Date of Entry (stamped date on document) (DD-MM-YYYY) _____			Total Tuition Fee Paid \$ _____ Date _____		
Parent Study Permit <input type="checkbox"/> (file copy of Acceptance Letter in student OSR)			Student Study Permit <input type="checkbox"/>		
Verify below that the parent is a full-time student enrolled in a program that leads to graduation:			Dates Valid (DD-MM-YYYY) _____		
Dates Valid (DD-MM-YYYY) _____			Exchange Student <input type="checkbox"/> (Agency Name): _____		
Enrolled full time in: Program Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/>			Dates from/to _____		
Parent Work Permit <input type="checkbox"/>			Country of Exchange _____		
Dates Valid (DD-MM-YYYY) _____			Reciprocal Student _____		
Documentation from IRCC confirming approval of Work Permit <input type="checkbox"/>					
Other Circumstances: (Please Specify and Indicate Valid Dates) (exp. Diplomat Status, Minister's Permit)					

Special Education	
Has your child had assessments in	Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Psychological Services <input type="checkbox"/>
Has your child been formally identified by an Identification, Placement, and Review Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what is the IPRC Identification? _____	
Does your child have an Individual Education Plan (IEP)? Yes <input type="checkbox"/> No <input type="checkbox"/> Subjects _____	
Suspension/Expulsions	
Is this student currently suspended from any school in Ontario?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide name of the school and the School Board _____	
Has this student ever been expelled from any school in Ontario?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide name of the school, the School Board and a contact name _____	
Voluntary and Confidential – First Nations, Métis, and Inuit Self-Identification	
Students, parents, and guardians are encouraged to voluntarily and confidentially disclose Indigenous ancestry. No proof of ancestry is required. Voluntary self-identification is for anyone with status and non-status Indigenous ancestry.	
I consider my child to be of First Nations, Métis, and Inuit Ancestry	
Select all that apply:	
First Nations <input type="checkbox"/>	Métis <input type="checkbox"/> Inuit <input type="checkbox"/>
With information collected through self-identification, Trillium Lakelands DSB is able to support the success of Indigenous students, improve the effectiveness of programs for Indigenous students, and build stronger relationships with Indigenous students and families.	
Parent / Guardian	
Students Living with Guardians	Custody Agreement Reviewed Yes <input type="checkbox"/> No <input type="checkbox"/>
If there is no Custody Agreement, and the student's parent/legal guardian lives outside of Ontario, then all of the following criteria must be met in order for the child to attend without the payment of a tuition fee:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	The student is a Canadian citizen or a permanent resident of Canada;
Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	The guardian is assuming full responsibility for the care and well-being of the student and the student is residing with the guardian throughout the custody period;
Yes <input type="checkbox"/> No <input type="checkbox"/>	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.
Custody	Court Order Provided for filing in OSR <input type="checkbox"/> No Court Order <input type="checkbox"/> Special Arrangement <input type="checkbox"/> Describe _____
Both Parents <input type="checkbox"/>	Shared <input type="checkbox"/>
Mother Exclusive <input type="checkbox"/>	CAS <input type="checkbox"/>
Father Exclusive <input type="checkbox"/>	Agency <input type="checkbox"/>
Joint -Legal <input type="checkbox"/>	Other <input type="checkbox"/> _____
Parent/Guardian 1 (primary contact)	
Relationship to Student _____	
Last Name, First Name _____	
Address, if different from student _____	
Living with Student <input type="checkbox"/>	Receive Correspondence <input type="checkbox"/> Access Denied <input type="checkbox"/>
Legal Guardian <input type="checkbox"/>	Legal Custody <input type="checkbox"/> Migrant Worker <input type="checkbox"/>
Home Phone _____	Cell Phone _____ Email _____
Can Contact in an Emergency <input type="checkbox"/>	Place of Employment _____ Business Phone _____
Can Contact at Work <input type="checkbox"/>	
Would like to Volunteer <input type="checkbox"/>	
Parent/Guardian 2 (secondary contact)	
Relationship to Student _____	
Last Name, First Name _____	
Address, if different from student _____	
Living with Student <input type="checkbox"/>	Receive Correspondence <input type="checkbox"/> Access Denied <input type="checkbox"/>
Legal Guardian <input type="checkbox"/>	Legal Custody <input type="checkbox"/> Migrant Worker <input type="checkbox"/>
Home Phone _____	Cell Phone _____ Email _____
Can Contact in an Emergency <input type="checkbox"/>	Place of Employment _____ Business Phone _____
Can Contact at Work <input type="checkbox"/>	
Would like to Volunteer <input type="checkbox"/>	
Emergency Contact 1 (other than parent/guardian listed above)	
Contact Number(s) _____	
Last Name, First Name _____	
Relationship to Student _____	Permission to Pick Up Student <input type="checkbox"/>
Emergency Contact 2 (other than parent/guardian listed above)	
Contact Number(s) _____	
Last Name, First Name _____	
Relationship to Student _____	Permission to Pick Up Student <input type="checkbox"/>

Siblings <small>*additional emergency contacts can be provided to the school on a separate piece of paper if required.</small>			
Surname	First Name	School Attending (if different)	Grade
Medical			
Dr. Name	Phone Number	Health Card (Optional)	
Student wears a Medic Alert Bracelet/Necklace Yes <input type="checkbox"/>		Registration #	
Immunization Record Received for Health Unit		Yes <input type="checkbox"/>	No <input type="checkbox"/>
*If you answer "Yes" to any of the medical conditions below, you will be asked to complete a Plan of Care.			
ASTHMA		Asthma Plan of Care Form on File	
Does your child have Asthma		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child require an inhaler for asthma response		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTES:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
ANAPHYLAXIS		Anaphylaxis Plan of Care Form on File	
Does your child have Anaphylactic Reactions?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, to: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child require epinephrine as part of an emergency response?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTES:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
EPILEPSY		Epilepsy Plan of Care Form on File	
Does your child have Epilepsy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTES:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
DIABETES		Diabetes Plan of Care Form on File	
Does your child have Diabetes?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTES:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER MEDICAL CONDITIONS		Medical Management and Response Plan of Care Form on File	
Does your child have other serious or life-threatening medical conditions, serious allergies or health needs that may require intervention or emergency response at school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please briefly describe:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICATION		Authorization for Storage and Administration of Prescribed Medication Form on File	
Does your child require any type of medication administered or stored during the school day?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTES:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered yes to the medication question above:		Medication Received and Added to Medication Inventory Log	
<ul style="list-style-type: none"> If the medication is related to one of the medical needs listed, instructions, administration and storage of the medication will be outlined as part of the student Plan of Care. If the medication is required for a reason that does not require a Plan of Care to be created, parents/guardians are required to complete an Authorization for Administration and Storage of Medication Form. 		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Student Log of Administered Medication Form Prepared	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Secondary Students Only			
OST or Credit Counselling Summary Received		Yes <input type="checkbox"/>	No <input type="checkbox"/>
OSSLT Successfully Completed		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation of Completed Community Service Hours Received		Yes <input type="checkbox"/>	No <input type="checkbox"/> Hours _____
<small>Please obtain proof.</small>			

Permissions/Consents

The permission/consent will apply for the duration of your child’s attendance at this school.

Student’s name _____ Your name _____

Please indicate below whether you consent/give your permission for your child in respect of each of the matters set out below:

I have read the Appropriate Use of Digital Technology, Content and Services Policy (available on the TLDSB website and at your child’s school) and I give permission for my child to access the Internet and to use technology / technology services (whether owned or licensed to the TLDSB) while at school. I understand that my child’s use of technology is subject to the requirements and terms of this Policy.

I give consent/permission
I do not give consent/permission

My child’s photograph/name may be displayed in school buildings (other than the student’s classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent/permission
I do not give consent/permission

My child’s school work/name may be displayed in school buildings (other than the student’s classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent/permission
I do not give consent/permission

I give permission for my name and phone number to be shared with the School Council.

I give consent/permission
I do not give consent/permission

I give permission for my child to be included in neighbourhood walking excursions under a staff member’s supervision.

I give consent/permission
I do not give consent/permission

Canada Anti-Spam Legislation Consent (CASL): I consent to receive commercial electronic messages about school pictures, field trips, yearbook sales, food programs, event tickets, or similar events or offers to sell goods and services. (If others wish to consent, please fill out/sign the TLDSB School-to-Home Communication Consent Form For Parents and Guardians, available separately.)

I give consent/permission
I do not give consent/permission

Date: _____ Signature of Parent: _____

**NOTE: When spectators – including parents or media – are invited to school events off school property, the event becomes a public event and anyone in attendance is permitted to take photographs without first obtaining parental consent. Please contact your school Principal or the TLDSB Communication Department if you need clarification.*

Privacy of Confidential Information

The personal information you have provided on this form will be used by school staff members to collect information in keeping with the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. 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. The board can retain the attestation form in a way that meets the boards own unique needs, however the board needs to be able to produce the relevant documentation for auditing purposes. This form will be retained in the student’s Ontario Student Record (OSR) for the period that they are in attendance at this school. For questions about this collection, speak to the school principal.

Acknowledgement and Certification

- I certify the information included 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.
- I/we understand that it is our responsibility to advise the school immediately of any changes to the information provided on this form.
- I/we understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization if deemed necessary.
- I/we acknowledge that the school accepts no liability for thefts which may occur on the school premises.

PLEASE NOTE: If your child is 16 or 17 years of age at the time of this collection, you must have the necessary consent of the child to permit the collection under the Municipal Freedom of Information and Protection of Privacy Act.

Signature of Parent/Legal Guardian/Custodian _____ Print Name _____ Date of Signing _____

Relationship to Student: _____

Administrator:

Signature of Principal _____ Print Name _____ Date of Signing _____

Office Administrator:

Signature of Office Administrator _____ Print Name _____ Date of Signing _____