



**NIAGARA CATHOLIC**  
DISTRICT SCHOOL BOARD

# ELEMENTARY STUDENT REGISTRATION FORM

## CONFIDENTIAL

*Personal information on this form is collected under the authority of the Education Act, and will be used for the Ontario Student Record, Transportation Services and for administrative purposes. Questions about this collection should be directed to the Student Information and Administrative Services Department, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1 (905) 735-0240*

SCHOOL USE ONLY			
School Name & No.		Grade Level	Class/Home Room
Form Verified By (Secretary)		Form Approved by (Principal)	
Initial <input type="checkbox"/> Verified Baptismal Certificate & Birth Certificate		Initial <input type="checkbox"/> Verified Confidential Student Immunization Form Completed & Copy of Immunization Record Attached	
Initial <input type="checkbox"/> Verified Application for Direction of School Support Form Completed		Initial <input type="checkbox"/> Verified Approved Request for Admission Form Received (if applicable)	
Initial <input type="checkbox"/> Verified Proof of Address		Initial <input type="checkbox"/> Verified Completion of Consent Form	
Initial <input type="checkbox"/> Verified OEN data on OEN site			
Legal Surname		Given Name	
Preferred Surname		Usual Name	
Birthdate Month Day Year		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Grade Level at Previous School		Previous School Name	
Previous School Address			
Has Your Child Previously attended a Niagara Catholic School ?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, name of school(s)			
Does this student have any sibling(s) attending this school? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please name them:	
Student Address		Street Number & Name	
Apart./Unit No.			
City		Province	
Postal Code		Rural Route P.O. Box	
Home Phone ( ) <input type="checkbox"/> Unlisted		Student Email address	
Township/Municipality to whom Property Taxes are paid			
IPRC Information			
Has this student been declared "exceptional" through an Identification Placement and Review Committee? (IPRC)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please specify: _____		Is student on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL CUSTODY			
Does the student have a Special Custody arrangement?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, who has legal custody?		<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
Student Lives With		Who Has Been Granted Legal Access?	
FAMILY /CONTACTS			
1. Parent/Guardian's Surname		Given Name	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.			
Relationship to student		Emergency Contact Order (Please select order preference)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Employer		Work Phone ( ) Ext.	
Home Phone ( ) <input type="checkbox"/> Unlisted		Cell Phone ( ) Email address	
Parent/Guardian's Address (if different from student)		Street Number & Name	
Apart./Unit No.			
City		Province	
Postal Code		Rural Route P.O. Box	
2. Parent/Guardian's Surname		Given Name	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.			
Relationship to student		Emergency Contact Order (Please select order preference)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Employer		Work Phone ( ) Ext.	
Home Phone ( ) <input type="checkbox"/> Unlisted		Cell Phone ( ) Email address	
Parent/Guardian's Address (if different from student)		Street Number & Name	
Apart./Unit No.			
City		Province	
Postal Code		Rural Route P.O. Box	

**EMERGENCY** **Individuals to be contacted in the event the parent/guardian cannot be reached**

1. Emergency Contact Surname:		Given Name:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Relationship to Student:		Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Home Phone:		Cell Phone:		Email:	
Address (if different from student) Street Number & Name:				Apartment/Unit No:	
City:		Province:		Postal Code:	
Rural Route P.O. Box:					
2. Emergency Contact Surname:		Given Name:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Relationship to Student:		Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Home Phone:		Cell Phone:		Email:	
Address (if different from student) Street Number & Name:				Apartment/Unit No:	
City:		Province:		Postal Code:	
Rural Route P.O. Box:					
Sitter Surname:		Given Name:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Home Phone:		Cell Phone:		Email:	
Address:				Apartment/Unit No:	
City:		Province:		Postal Code:	
Rural Route P.O. Box:					
If school closed due to inclement weather or other emergency, please check name of one individual to be contacted:					
<input type="checkbox"/> 1. Parent/Guardian		<input type="checkbox"/> 2. Parent/Guardian		<input type="checkbox"/> 1. Emergency Contact	
				<input type="checkbox"/> 2. Emergency Contact	
				<input type="checkbox"/> Sitter	
Doctor's Name				Health Card #:	

**HEALTH**

Has your child had any ongoing health problems or concerns? PLEASE CHECK

<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Blind/Low Vision	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Insect Sting Allergies	<input type="checkbox"/> Walker
<input type="checkbox"/> Wears Hearing Aid	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Crutches
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Other Allergies	<input type="checkbox"/> Service Animal

Epinephrine Autoinjector  Yes  No  Anaphylactic

Does your child have any other medical problems or special education needs of which the classroom teacher/school nurse or transportation provider should be aware? YES  NO

If YES, describe in detail \_\_\_\_\_

**ENROLMENT**

Student's Country of Birth		Date Entered Canada	First Language Spoken at Home	Proof of Birth Country Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Status <input type="checkbox"/> Other <input type="checkbox"/> (specify)			Proof of Citizenship Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Voluntary First Nation, Métis and Inuit Student Self-Identification <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		The information is collected in accordance with Municipal Freedom of Information and Protection of Privacy Act. The information provided will help the Ministry, school boards and schools develop programs and allocate resources for First Nation, Métis and Inuit student success.		Enter data in Maplewood Aboriginal Self ID field
Student born in Canada - Province of Birth			Verified Province of Birth <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Birth Date Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/>		Proof of Birth Date Verified <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student's Religion	Name of Parish	Address of Parish		Baptismal Certificate Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Religion	Name of Parish	Address of Parish		Baptismal Certificate Verified (if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Religion	Name of Parish	Address of Parish		Baptismal Certificate Verified (if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No

**TRANSPORTATION** TO BE COMPLETED BY SCHOOL SECRETARY Eligible for Bus Transportation?  Yes  No Confirm 4 Character Township Code Entered in Maplewood \_\_\_\_\_

**PLEASE NOTE: Transportation needs to be consistent 5 days a week**

Pick up Location (Inbound)  Home Address  Sitter's Address  
 Other Address (within school boundary) \_\_\_\_\_

Drop Off Location (Outbound)  Home Address  Sitter's Address  
 Other Address (within school boundary) \_\_\_\_\_

**CERTIFICATION**

This is to certify that the information provided in this form is complete and correct.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date