



# Thames Valley District School Board Student Registration Form

\_\_\_\_\_ Date

\_\_\_\_\_ Enrollment School

## Student Information

Legal First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_  
 Legal Middle Name(s) \_\_\_\_\_ Preferred Last Name \_\_\_\_\_  
 Legal Last Name \_\_\_\_\_ Ontario Education Number (OEN) \_\_\_\_\_  
 Language First Spoken \_\_\_\_\_ Date of Birth (YYYY-MM-DD) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Main Language at Home \_\_\_\_\_ Gender  Female  Male  Non-Binary  \_\_\_\_\_  
 Indigenous Self-Identification  First Nation  Métis  Inuit Other Details: \_\_\_\_\_

## Student Address and Contact

\_\_\_\_\_ Main Phone # \_\_\_\_\_  
 Apt # \_\_\_\_\_ Street # \_\_\_\_\_ Street Name \_\_\_\_\_  
 City/Town/Municipality \_\_\_\_\_ Postal Code \_\_\_\_\_ Lives With \_\_\_\_\_

## Previous School / Program Information

Name of School \_\_\_\_\_ City/Province/Country \_\_\_\_\_  
 Name of Board \_\_\_\_\_ Language of Instruction \_\_\_\_\_  
 Last Grade Attended \_\_\_\_\_ Last Date Attended \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  ESL  IEP  IPRC  
 Regular Program  Specialized Program Describe \_\_\_\_\_

## Citizenship

Residency Status \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
 Country of Birth \_\_\_\_\_ Country of Last Residence \_\_\_\_\_  
 Province \_\_\_\_\_ Date student entered Canada for the first time to live \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Student Health and Medical Alert Information

Allergies: \_\_\_\_\_  Life Threatening  Requires EpiPen  
 Description: \_\_\_\_\_  
 Prevalent Medical Condition(s)  Anaphylaxis  Asthma  Diabetes  Epilepsy  Other: \_\_\_\_\_  
 Description: \_\_\_\_\_

Has the student previously had a concussion?  Yes  No They have a Medical Alert Bracelet  Yes  No

**If student has any prevalent medical conditions, please complete the appropriate forms through the parent portal or at the school; Individual Plan of Care (IPOC); Authorization for Administration of Daily Prescription Medication; and/or Authorization for Administration of PRN Prescription Medication.**

## Custody

Legal Guardian(s)  Both Parents  Mother Only  Father Only  Guardian: \_\_\_\_\_  CAS

Custody Agreement  Both Parents  Shared  Joint  Mother Only  Father Only  Guardian  CAS

## Parent/Guardian Information

Parent/Guardian  Pickup Access Relationship to Student \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Access to Records \_\_\_\_\_  
 Marks Mail Legal First Name \_\_\_\_\_ Home Number \_\_\_\_\_  
 Incidents Mail \_\_\_\_\_  
 Other Mail Legal Middle Name(s) \_\_\_\_\_ Work Number \_\_\_\_\_  
 Speaks Language of School Legal Last Name \_\_\_\_\_ Email \_\_\_\_\_  
 Lives With Student **or**  Other Address \_\_\_\_\_

Parent/Guardian  Pickup Access Relationship to Student \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Access to Records \_\_\_\_\_  
 Marks Mail Legal First Name \_\_\_\_\_ Home Number \_\_\_\_\_  
 Incidents Mail \_\_\_\_\_  
 Other Mail Legal Middle Name(s) \_\_\_\_\_ Work Number \_\_\_\_\_  
 Speaks Language of School Legal Last Name \_\_\_\_\_ Email \_\_\_\_\_  
 Lives With Student **or**  Other Address \_\_\_\_\_

**\*TVDSB recommends families consider a local resident as one of the assigned contacts for emergency purposes\***

## Additional/Emergency Contact Information

Contact #1  Pickup Access Relationship to Student \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Access to Records \_\_\_\_\_  
 Marks Mail Legal First Name \_\_\_\_\_ Home Number \_\_\_\_\_  
 Incidents Mail \_\_\_\_\_  
 Other Mail Legal Middle Name(s) \_\_\_\_\_ Work Number \_\_\_\_\_  
 Speaks Language of School Legal Last Name \_\_\_\_\_ Email \_\_\_\_\_  
 Lives With Student **or**  Other Address \_\_\_\_\_

Contact #2  Pickup Access Relationship to Student \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Access to Records \_\_\_\_\_  
 Marks Mail Legal First Name \_\_\_\_\_ Home Number \_\_\_\_\_  
 Incidents Mail \_\_\_\_\_  
 Other Mail Legal Middle Name(s) \_\_\_\_\_ Work Number \_\_\_\_\_  
 Speaks Language of School Legal Last Name \_\_\_\_\_ Email \_\_\_\_\_  
 Lives With Student **or**  Other Address \_\_\_\_\_

Any Additional Contact(s): \_\_\_\_\_

## Parent/Guardian/Contact Priority

Sickness/  
Medical  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Emergency/  
School Closure  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

## Siblings

Sibling Name	School Name	Date of Birth (YYYY-MM-DD)
_____	_____	____-____-____
_____	_____	____-____-____
_____	_____	____-____-____
_____	_____	____-____-____

## Permissions / Waivers

For every student an Ontario Student Record (OSR) folder is maintained; This is a record of the student's school history. Students and parent/guardians of students under the age of 18, unless they are denied by a court order, have access to the OSR and can confer with school officials regarding its contents. **Initials:** \_\_\_\_\_

**Notice of Collection:** The personal information provided on this pre-registration form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board (TVDSB) under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition, the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. For questions about this collection, contact the Board's Freedom of Information Coordinator **Initials:** \_\_\_\_\_

It is the parent/guardian's responsibility to provide the school with written notification of relevant health and custody access information. **Initials:** \_\_\_\_\_

The transfer of student records contained in the OSR from your child's former school/district can take some time. If your child has any special concerns, either physically, academically, or behaviourally, communication between the former school and the new school prior to the delivery their records is required to meet your child's needs. Information to be shared includes, but is not exclusive to, the contents of the OSR. This information is obtained and used only for the improvement of instruction and other education of the student in accordance with the Education Act (R.S.O. 1990, s.266(2)), and is collected, transmitted, retained, and disposed of confidentially in accordance with the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. M. 56). Permission is granted for one year from the date of signing. I give permission for the Principal/Designate of the new school and former school to communicate and share information with each other in regard to the programming needs for my child. **Initials:** \_\_\_\_\_

**Signature Verifying all information submitted is accurate.**

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Office Use

- Student plans to attend French Immersion in Grade One       Student would like to attend the APPLE Program

### Proof of Birth (POB)

- Birth Certificate  
 Registration of Birth  
 Passport  
 Baptismal Certificate  
 Other: \_\_\_\_\_

### Proof of Address (POA)

- Lease Agreement / Current Agreement of Purchase and Sale  
 Current Utility Bill  
 Current Property Tax Bill  
 Current Phone/Cable/Internet Bill  
 Other\*: \_\_\_\_\_

### Custody Court Documents

- Custody Agreement  
 Court Order

### Students Born Outside Canada

- First Date of Entry Form

Note: \*Driver's License is not acceptable POA

**I hereby confirm that the document(s) indicated above have been viewed and the student information provided is correct.**

\_\_\_\_\_  
Staff Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date