



Welcome to the Upper Canada District School Board

225 Central Avenue West, Brockville, ON K6V 5X1
Tel: (613) 342-0371 or 1-(800) 267-7131
ucdsb.on.ca



STUDENT REGISTRATION FORM

Grade: Pupil No. For Office Use
STUDENT NAME OEN
School Name Hrm/Teacher
French Immersion
Core French

STUDENT INFORMATION

Legal Last Name
Legal First Name
Usual Last Name
Preferred First Name
Middle Name Third Initial
Birth Date (mm/dd/yyyy)
Proof of Age
Student Primary Phone No.
Sex (as it appears on birth certificate): (M) (F)
Gender Self-Identification:

PREVIOUS SCHOOL DISTRICT

Previous Sch. Language
Previous School
Address

ADMISSION INFORMATION (School to Complete) For Office Use

Reason
Start Date (mm/yyyy)
Current Grade
X-Boundary (Y) (N)
School

PROPERTY ADDRESS-CIVIC ADDRESS (911)

Street
Apt. # Lot # Concession #
Municipality
State/Prov. Postal Code

MAILING ADDRESS (if different from property address)

EXAMPLE: BOX 102 - 17423 County Rd. 2 St. Andrews West, ON K0C 2A0

IMMIGRATION/CITIZENSHIP

Country of Birth
Province of Birth (if born in Canada)
Citizen of
Language First Spoken
Language at Home
Entry into Canada (mm/yyyy)
Visa Expiration Date
Tuition Type
Immigration Status:
Student Visa Other Visa Permanent Resident
Canadian Citizen Native Ancestry Refugee Status

ALTERNATE ADDRESSES (For Transportation— i.e. Caregiver & Custody)

Table with 5 columns: Street # and Name, Apt., Municipality, Contact Name, Contact Phone. Rows 1 and 2.

## STUDENT REGISTRATION FORM

*For Office Use*

STUDENT NAME \_\_\_\_\_

### PARENT/GUARDIAN

Custody

Living With

Court Order Provided  (Y)  (N)

#### 1. Relationship

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Living With Student  (Y)  (N)

Address \_\_\_\_\_  
\_\_\_\_\_

Copy of School Correspondence  (Y)  (N)

Work/Employment \_\_\_\_\_

Work Phone No. (ext.) \_\_\_\_\_

Available at Work \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Cellular Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact  (Y)  (N)

(NEW) My Family Room  (Y)  (N)

#### 2. Relationship

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Living With Student  (Y)  (N)

Address \_\_\_\_\_  
\_\_\_\_\_

Copy of School Correspondence  (Y)  (N)

Work/Employment \_\_\_\_\_

Work Phone No. (ext.) \_\_\_\_\_

Available at Work \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Cellular Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact  (Y)  (N)

(NEW) My Family Room  (Y)  (N)

Register for a *My Family Room* account to receive immediate notification of bus cancellations, student absences or emergencies, report your child's absences online, access your child's school calendar, and much more. Visit [myfamilyroom.ca](http://myfamilyroom.ca) to register, and download the mobile app!

### OTHER EMERGENCY CONTACTS (Other than Parents)

#### 1. Last Name

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Work Place \_\_\_\_\_

Work Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Allow to Pick Up  (Y)  (N)

#### 2. Last Name

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Work Place \_\_\_\_\_

Work Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Allow to Pick Up  (Y)  (N)

## STUDENT REGISTRATION FORM

*For Office Use*

STUDENT NAME \_\_\_\_\_

**MEDICAL** (i.e. Allergies, Autism, Asthma, Diabetes, EpiPen, medication required, etc)

Allergies \_\_\_\_\_

Life Threatening? (Y/N) Details \_\_\_\_\_

Non-Life Threatening Medical Details/Conditions \_\_\_\_\_

Accessibility Needs (Y/N) \_\_\_\_\_

Is there any other information we need to be aware of (i.e. social or emotional challenges)? \_\_\_\_\_

**SIBLINGS**

Pupil No. (if known)	1.	2.	3.	4.
Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Sex	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
School	_____	_____	_____	_____

**First Nation/Métis/Inuit**

Voluntary Self-Identification \_\_\_\_\_

**Notice to Parents/Guardians**

Personal information is collected at registration under the authority of the Education Act and will be used for planning and programming, home and school communications and to establish the Ontario Student Record.

I hereby certify that the above information contained on this form is accurate. I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible.

I certify that I have been informed that an Ontario Student Record is on file at the school and that I have access to the information therein.

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, lunch programs, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets and athletic events where a financial transaction is required.

Do you consent to receive electronic messages of this nature?  YES  NO

\_\_\_\_\_  
**SIGNED (Parent/Guardian)**

\_\_\_\_\_  
**PRINT (Parent/Guardian Name)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNED (Parent/Guardian)**

\_\_\_\_\_  
**PRINT (Parent/Guardian Name)**

\_\_\_\_\_  
**DATE**