



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

STUDENT NAME, School Name, Grade, Pupil No., French Immersion, Core French

STUDENT INFORMATION

Legal Last Name, Legal First Name, Usual Last Name, Preferred First Name, Middle Name, Third Initial, Birth Date, Proof of Age, Student Primary Phone No., Sex, Gender Self-Identification

PROPERTY ADDRESS-CIVIC ADDRESS (911)

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

MAILING ADDRESS (if different from property address)

Mailing address lines and example: EXAMPLE: BOX 102 - 17423 County Rd. 2 St. Andrews West, ON K0C 2A0

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.

PREVIOUS SCHOOL DISTRICT

Previous Sch. Language, Previous School, Address

ADMISSION INFORMATION (School to Complete) For Office Use. Reason, Start Date, Current Grade, X-Boundary, School

IMMIGRATION/CITIZENSHIP

Country of Birth, Province of Birth, Citizen of, Language First Spoken, Language at Home, Entry into Canada, Visa Expiration Date, Tuition Type, Immigration Status: Student Visa, Other Visa, Permanent Resident, Canadian Citizen, Native Ancestry, Refugee Status

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)

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)

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 to register, and download the mobile app!

OTHER EMERGENCY CONTACTS (Other than Parents)

1. Last Name

First Name _____

Relationship _____

Address _____

Home Phone No. _____

Work Place _____

Work Phone _____

Cellular Phone _____

Allow to Pick Up (Y) (N)

2. Last Name

First Name _____

Relationship _____

Address _____

Home Phone No. _____

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, Epilepsy, 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