

Secondary Registration Form

SCHOOL NAME: _____ **PRINCIPAL:** _____

STUDENT INFORMATION

Legal Last Name _____ **Legal First Name** _____ **Middle Name** _____ **Preferred Name** _____
Birthdate (dd/mmm/yyyy): _____ **Gender** ☐ M ☐ F ☐ Prefer not to disclose ☐ Prefer to specify: _____
Province of Birth: _____ **Proof of Age:** ☐ Birth Certificate ☐ Passport ☐ Other: _____
First Language Spoken: ☐ English ☐ French ☐ Ojibwe ☐ Other: _____
Country of Origin: _____ **Date of Entry into Canada (if applicable):** _____
YYYY/MM
Status in Canada: ☐ Canadian Citizen ☐ Permanent/Landed Resident
☐ Student Exchange ☐ Student Study ☐ Other: _____

PROPERTY ADDRESS INFORMATION

Street (House #, Building/Block, Street Name) _____ Apt. # / Suite _____ P.O. Box _____ R.R. _____
 City / Town _____ Province _____ Postal Code _____
Home Phone Number: (____) _____ ☐ Unlisted
Mailing Address (only if different from property address)
 Street (House #, Building/Block, Street Name) _____ Apt. # / Suite _____ P.O. Box _____ R.R. _____
 City/Town _____ Province _____ Postal Code _____

PARENT / GUARDIAN INFORMATION

Last Name _____ **First Name** _____
Relationship to Student _____
Address (if different than Student) _____

Home Phone (____) _____ **Work Phone** (____) _____
Cell Phone (____) _____ **E-mail** _____
Lives with student? ☐ Yes ☐ No
Last Name _____ **First Name** _____
Relationship to Student _____
Address (if different than Student) _____

Home Phone (____) _____ **Work Phone** (____) _____
Cell Phone (____) _____ **E-mail** _____
Lives with student? ☐ Yes ☐ No

CHECK BOTH COLUMNS

Student Lives With		Legal Custody Y/N
Both Parents	<input type="checkbox"/>	<input type="checkbox"/>
Father	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>
Grandparent(s)	<input type="checkbox"/>	<input type="checkbox"/>
Foster Parent CAS	<input type="checkbox"/>	<input type="checkbox"/>
Other*	<input type="checkbox"/>	<input type="checkbox"/>
*Specify: _____		

OFFICE USE ONLY

Pupil Number _____ **OEN** _____
Resident Pupil? ☐ Yes ☐ No **If No - Tuition Paid By:** ☐ Native Education Authority ☐ VISA International Student
Has this student ever been identified through an IPRC process? ☐ Yes ☐ No

EMERGENCY CONTACTS (OTHER THAN Parent or Guardian)

Call First:	Can Pick Up Student? <input type="checkbox"/>	Call Second:	Can Pick Up Student? <input type="checkbox"/>
Relationship _____		Relationship _____	
Last Name _____		Last Name _____	
First Name _____		First Name _____	
Address _____		Address _____	
Home Phone () _____		Home Phone () _____	
Business Phone () _____ Ext.: _____		Business Phone () _____ Ext.: _____	
Cell Phone () _____		Cell Phone () _____	

MEDICAL / HEALTH CONDITION

Doctor Name _____ Phone Number () _____

Health Card _____ Revision Code _____

Allergies and Health Conditions: _____

_____ Life Threatening ☐ _____ Life Threatening ☐

I, the Parent/Guardian, give my permission to the school to transport my child to a medical facility in case of emergency. ☐ Y ☐ N

EDUCATION

Current Grade: _____ **Previously attended a school in RDSB?** ☐ Yes ☐ No

Program(s): ☐ Regular English Program ☐ International Baccalaureate Program (IB)

☐ French Immersion ☐ Innovative Integrated Technology Program (InIT)

☐ Arts Education Program ☐ College Certificate Program

☐ Science Technology Education Program (STEP) ☐ Other: _____

Previous School Name: _____ **City/Town:** _____ **Province:** _____

Previous School Board Name: _____ **Last Attended Date:** _____

FIRST NATION, MÉTIS AND INUIT VOLUNTARY SELF-IDENTIFICATION

Parents/Guardians have the opportunity to self-identify their child(ren) as First Nation, Métis or Inuit. This information will be used to improve the educational outcomes and promote equal opportunity for First Nation, Métis and Inuit students of the Rainbow District School Board. **I am...**

☐ First Nations (off-reserve) ☐ First Nations (on reserve) ☐ Métis ☐ Inuit **First Nation:** _____

DISTRIBUTION LIST

☐ YES. I would like to be included on the distribution list to receive information from and about my child's school and education, including newsletters, school and Board updates, announcements, event invitations, and other electronic messages which may contain advertising or promotions regarding school fundraisers, field trips, the sale of yearbooks, student pictures, uniforms, books, prom or dance tickets, or other events or activities associated with the school or the community.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, personal information on this form, and any other correspondence relating to your child's involvement in our programs, is being collected by Rainbow District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2), Sections 58.5, 265 and 266 as amended. The information will be used in accordance with the Education Act and the regulations and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records or for a consistent purpose such as the allocation of staff and resources. Employees will have access to this information to carry out their job duties. The information will also be used for matters related to health and safety or discipline. The Board is required to disclose personal information in compelling circumstances, for law enforcement purposes, or in accordance with any other Act that permits disclosure. This information will automatically be shared among schools within the jurisdiction of Rainbow District School Board for registration purposes. It will also be shared with the Sudbury Student Services Consortium and school bus operators for the purpose of providing student transportation. Questions regarding this collection should be directed to the School Principal.

Parent/Guardian Signature

Date

Principal Signature

Date