SUDBURY CATHOLIC DISTRICT SCHOOL BOARD

REGISTRATION FORM

Please fill out this form and e-mail to bishop@sudburycatholicschools.ca.

☐ REGULAR PROGRAM ☐ IMMERSION PROGRAM

SCHOOL: _____ GRADE (entering):_____ DATE: _____

LEGAL NAME(s): _____

(MANDATORY) ***Legal Surname*** ***Legal First Name****(s)* ***Legal Middle Name****(s)*

PREFERRED NAME(s): Surname _____ First Name(s) _____

Note: As per Ministry Regulation the Legal Name(s) will appear in legal documents (i.e. Report Card)

DATE OF BIRTH: _____ GENDER: ☐M ☐F ☐other

Proof of Age: ☐*Birth Cert.* ☐*Other* _____

CANADIAN CITIZENSHIP: ☐Yes ☐No COUNTRY OF BIRTH:_____ First Language _____

Aboriginal Ancestry: ☐ Yes ☐ No ☐ First Nation ☐ Metis ☐ Inuit Band Name: _____

Note: Reporting this information is voluntary.

RELIGION:_____ Baptized: ☐Yes ☐No Current Parish:_____

Doctor's Name: _____ Telephone #: _____ Allergy(ies) _____

Medical Concern(s): _____

STUDENT ADDRESS: *(Special Custody - please specify)*: _____

_____

Apartment # *Street Address* *City* *Postal Code* *Home Tel. #* *Cell #*

Lives with: ☐ Both parents ☐ Mother only ☐ Father only ☐ Mother & other ☐ Father & other ☐Other

TRANSPORTATION (if other than home address - specify): ☐ AM (PICK UP) ☐ PM (DROP OFF)

_____

Sitter/Daycare - Full Name *ADDRESS* *Work #* *Cell#*

PARENT/GUARDIAN

_____

Full Name *Religion* *Employer* *Work #* *Cell #*

*EMAIL:*_____

PARENT/GUARDIAN

_____

Full Name (maiden in parentheses) *Religion* *Employer* *Work #* *Cell #*

*EMAIL:*_____

EMERGENCY CONTACT(S) 1. _____

2. _____

Full Name *Relationship* *Employer* *Work #* *Cell #*

SIBLING(S): _____ SCHOOL:_____ GRADE:_____

Full Name

_____ SCHOOL:_____ GRADE:_____

Last School Attended:_____ Board: _____

Address:_____ Tel. # _____

Special Education - Identified: ☐ YES ☐ NO Exceptionality:_____

For Office Use Only O.E.N.:_____ Tax Support: ❑ Public ❑ Separate Roll Number:_____

The Sudbury Catholic District School Board, under the Ministry of Education Guideline Ontario Student Record (OSR) 2000 and in compliance with the Ontario Freedom of Information and protection of Privacy act, 1987, shall establish an Ontario Student Record (OSR) for your child upon enrolment in one of this Board's schools. This is a continuing record which shall be used for the improvement of instruction of your child by school personnel and/or by others as set out in the Ontario Student Record Guidelines. If, at any time, you wish to review the contents of this record or have any questions about the collection of information,please contact the principal of the school where your child is presently enrolled. ***I consent to the collection, use and disclosure of the above noted personal information for the purpose of providing sate student transportation, and understand that this information may be disclosed to the providers of such transportation.***

_____ _____

Parent/Guardian Signature Date

_____ _____

Principal/Vice-Principal Signature Date

The above information will be kept in the child's OSR folder with copies sent to the Board Office for administrative use