

# Secondary Registration Form

**SCHOOL NAME:** \_\_\_\_\_ **PRINCIPAL:** \_\_\_\_\_

**STUDENT INFORMATION**

|   |                        |  |                      |
|---|------------------------|--|----------------------|
| Legal Last Name _____   | Legal First Name _____ | Middle Name _____  | Preferred Name _____ |
| Birthdate (dd/mmm/yyyy): _____  |                        | Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Prefer to specify: _____ |                      |
| Province of Birth: _____  |                        | Proof of Age: <input type="checkbox"/> BirthCertificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____                                |                      |
| First Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Ojibwe <input type="checkbox"/> Other: _____ |                        |  |                      |
| Country of Origin: _____  |                        | Date of Entry into Canada (if applicable): _____<br>YYYY/MM  |                      |
| Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent/Landed Resident  |                        |  |                      |
| <input type="checkbox"/> Student Exchange <input type="checkbox"/> Student Study <input type="checkbox"/> 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: (____) _____ <input type="checkbox"/> Unlisted |                      |                   |            |
| <b>Mailing Address (only if different from property address)</b>  |                      |                   |            |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Last Name _____  | First Name _____        |
| Relationship to Student _____  |                         |
| Address (if different than Student) _____                                    |                         |
| _____  |                         |
| Home Phone (____) _____  | Work Phone (____) _____ |
| Cell Phone (____) _____  | E-mail _____            |
| Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>If No - Tuition Paid By:</b> <input type="checkbox"/> Native Education Authority <input type="checkbox"/> VISA International Student |
| Has this student ever been identified through an IPRC process? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

**EMERGENCY CONTACTS (OTHER THAN Parent or Guardian)**

|   |   |   |   |
|---|---|---|---|
| <b>Call First:</b> _____                | Can Pick Up Student? <input type="checkbox"/> | <b>Call Second:</b> _____               | 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