



TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD
OVER 18 STUDENT REGISTRATION FORM
2022-2023

SCHOOL: _____

DATE OF REGISTRATION: _____

DATE OF ADMISSION: _____

Form containing registration details: Student #, Legal Name, Grade, Home Phone, Date of Birth, Address, Citizenship, Documentation Examined and Verified for Eligibility.

Special Education

Have you had assessments in: Vision Hearing Speech Psychological Services

Have you been formally identified by an Identification, Placement, and Review Committee?

Yes No

If so, what is the IPRC Identification? _____

Do you have an Individual Education Plan (IEP)? Yes No Subjects

Suspension/Expulsions

Are you currently suspended from any school in Ontario? Yes No

If Yes, provide name of the school and the School Board

Have you ever been expelled from any school in Ontario? Yes No

If Yes, provide name of the school, the School Board and a contact name

Voluntary and Confidential – First Nations, Métis, and Inuit Self-Identification

Students are encouraged to voluntarily and confidentially disclose Indigenous ancestry. No proof of ancestry is required. Voluntary self-identification is for anyone with status and non-status Indigenous ancestry.

I consider myself to be of First Nations, Métis, and Inuit Ancestry

Select all that apply:

First Nations Métis Inuit

With information collected through self-identification, Trillium Lakelands DSB is able to support the success of Indigenous students, improve the effectiveness of programs for Indigenous students, and build stronger relationships with Indigenous students and families.

Emergency Contacts and Next of Kin**Emergency Contact 1**

Relationship to Student

Last Name, First Name

Address, if different from student

Home Phone

Cell Phone

Email

Can Contact in an Emergency

Place of Employment

Business Phone

Can Contact at Work

Emergency Contact 2

Relationship to Student

Last Name, First Name

Address, if different from student

Home Phone

Cell Phone

Email

Can Contact in an Emergency

Place of Employment

Business Phone

Can Contact at Work

Next of Kin (if not listed above)

Relationship to Student

Last Name, First Name

Address, if different from student

Home Phone

Cell Phone

Email

Can Contact in an Emergency

Place of Employment

Business Phone

Can Contact at Work

Siblings			
Surname	First Name	School Attending (if different)	Grade
Medical			
Health Practitioner Name		Phone Number	
Student wears a MedicAlert Bracelet/Necklace Yes <input type="checkbox"/>		Registration #	
Immunization Record Received for Health Unit		Yes <input type="checkbox"/>	No <input type="checkbox"/>
			FOR OFFICE USE
*If you answer "Yes" to any of the medical conditions below, you will be asked to complete a Plan of Care.			
ASTHMA			
Do you have Asthma		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require an inhaler for asthma response		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Asthma Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>	
ANAPHYLAXIS			
Do you have Anaphylactic Reactions?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, to: _____			
Do you require epinephrine as part of an emergency response?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Anaphylaxis Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>	
EPILEPSY			
Do you have Epilepsy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Epilepsy Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>	
DIABETES			
Do you have Diabetes?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Diabetes Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTHER MEDICAL CONDITIONS			
Do you have other serious or life-threatening medical conditions, serious allergies or health needs that may require intervention or emergency response at school?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please briefly describe:			
		Medical Management and Response Plan of Care Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>	
Office Use Only			
OST or Credit Counselling Summary Received		Yes <input type="checkbox"/>	No <input type="checkbox"/>
OSSLT Successfully Completed		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation of Completed Community Service Hours Received (Please obtain proof)		Yes <input type="checkbox"/>	No <input type="checkbox"/> ____ Hours
Notes:			

Permissions/Consents

Permission for my information to be shared with parent/guardian

I give consent/permission I do not give consent/permission

Date: _____

Signature: _____

Privacy of Confidential Information

The personal and health information you have provided on this form is collected in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56 and Personal Health Information Protection Act, 2004 and is collected under the authority of Education Act, R.S.O. 1990, c. E.2. Personal and Health Information will be used for purposes related to the regular operational requirements for the educational and administrative functions of the Trillium Lakelands District School Board. For additional information about how the TLDSB uses personal information please contact your school Principal. For auditing purposes this form will be retained in the student's Ontario Student Record (OSR) for the period that they are in attendance at this board.

Acknowledgement and Certification

- I certify the information included on this form is accurate and that I have examined and verified the applicable information as indicated. This personal information will be maintained in keeping with Freedom of Information and Privacy Legislation.
- I understand that it is my responsibility to advise the school immediately of any changes to the information provided on this form.
- I understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization if deemed necessary.
- I acknowledge that the school accepts no liability for thefts which may occur on the school premises.
- I acknowledge that TLDSB cannot fully register a student until required documentation is presented, in person, at the school. Once registered, if bussing is required, transportation details will be finalized and can take, at minimum, 1-2 weeks to complete. Arrangements will need to be made until bus transportation details are finalized and communicated to parents/guardians.

Signature of Student_____
Print Name_____
Date of Signing**Administrator:**_____
Signature of Principal_____
Print Name_____
Date of Signing**Office Administrator:**_____
Signature of Office Administrator_____
Print Name_____
Date of Signing