



**TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD  
OVER 18 STUDENT REGISTRATION FORM  
2023-2024**

**SCHOOL:** \_\_\_\_\_

**DATE OF REGISTRATION:** \_\_\_\_\_

**DATE OF ADMISSION:** \_\_\_\_\_

<i>Shaded Areas for Office Use</i>		<b>PLEASE PRINT CLEARLY</b>		Student # _____	
Legal Last Name, First Name, Middle Name			Grade	Homeroom	
Preferred Last Name, First Name, Middle Name (same as above <input type="checkbox"/> )			Home Phone Number		Unlisted <input type="checkbox"/>
Date of Birth Year    Month    Day			Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/>		Proof of Age Document Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Other <input type="checkbox"/> <i>Specify:</i> _____
			Prefer Not to Disclose (N) <input type="checkbox"/>		
Proof of Legal Name Verified By (e.g. secretary name)			Email Address		OEN #
911 Address #	Apt/Unit	Street Name	City/Town		Postal Code
Mailing Address (if different from above)			Previously Attended School in TLDSB? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Board Residence Status			School Name		
Pupil of the Board <input type="checkbox"/>		Other Pupil <input type="checkbox"/>		Study Permit/Temporary Pupil <input type="checkbox"/>	
Native Education Authority <input type="checkbox"/>		Government of Canada <input type="checkbox"/>		E-Learning (from other board) <input type="checkbox"/>	
Proof of Address <input type="checkbox"/> Current Agreement of Purchase and Sale <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Current Property Tax Bill <input type="checkbox"/> Current Home Phone/Cable/Internet bill <input type="checkbox"/> Other: Please specify (Driver's License and cell phone bills are not acceptable for audit purposes)			Non-TLDSB Previous School Name and Board Name		
			Address (include Province/Country & Phone Number of Previous School)		
Language of Instruction			Last Date of Attendance		
<b>Citizenship</b>					
Citizen of:    Canada <input type="checkbox"/> Other <input type="checkbox"/> (list country) _____					
Study Permit/Visitor Record <input type="checkbox"/> Diplomat Status/Minister's Permit <input type="checkbox"/> Exchange Student <input type="checkbox"/> Parent Work/Study Permit <input type="checkbox"/>					
Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other Status <input type="checkbox"/> Did family come to Canada as refugees? Yes <input type="checkbox"/> No <input type="checkbox"/>					
City of Birth	Province of Birth	Country of Birth	Date of First Entry to Canada	Verified Canadian Stamped Date of Entry on Passport Yes <input type="checkbox"/>	
Country/Province of Current Residence:		First Language	Have you previously been receiving English as a Second Language (ESL) instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Documentation Examined and Verified for Eligibility– Documents Should Not Be Copied</b>					
Permanent Resident: Parent Guardian <input type="checkbox"/> Adult Student <input type="checkbox"/>			Permanent Resident Stage 1 Approval Letter <input type="checkbox"/>		
<input type="checkbox"/> Confirmation of Permanent Residence Form 5292 (Box 36 – Original Date of Entry and Box 45 – Date became a Permanent Resident)					
<input type="checkbox"/> Permanent Resident Card (original date of entry)					
<input type="checkbox"/> Consideration of Eligibility – Convention Refugees – date stamped					
Perm Res. Equivalent Documentation form Immigration, Refugees And Citizenship Canada (IRCC confirming approval in principle) <input type="checkbox"/>					
Type of Document Reviewed			Date of Document: (DD-MM-YYYY)		
Confirmation of Refugee Status documentation from IRCC <input type="checkbox"/>			Other/Fee Paying Pupil <input type="checkbox"/>		
Consideration of Eligibility (Convention Refugee) <input type="checkbox"/>			Fees Paid by (Agency/Other): _____		
Date of Entry (stamped date on document) (DD-MM-YYYY) _____			Total Tuition Fee Paid \$ _____ Date _____		
Parent Study Permit <input type="checkbox"/> (file copy of Acceptance Letter in student OSR)			Student Study Permit <input type="checkbox"/>		
Verify below that the parent is a full-time student enrolled in a program that leads to graduation:			Dates Valid (DD-MM-YYYY) _____		
Enrolled full time in: Program Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/>			Exchange Student <input type="checkbox"/> (Agency Name): _____		
Parent Work Permit <input type="checkbox"/>			Dates from/to _____		
Dates Valid (DD-MM-YYYY) _____			Country of Exchange _____		
Documentation from IRCC confirming approval of Work Permit <input type="checkbox"/>			Reciprocal Student _____		
Other Circumstances: (Please Specify and Indicate Valid Dates) (exp. Diplomat Status, Minister's Permit)					

**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

<b>Siblings</b>			
Surname	First Name	School Attending (if different)	Grade
<b>Medical</b>			
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"/>
			<b>FOR OFFICE USE</b>
*If you answer "Yes" to any of the medical conditions below, you will be asked to complete a Plan of Care.			
<b>ASTHMA</b>			
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"/>
		<b>Asthma Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>ANAPHYLAXIS</b>			
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"/>
		<b>Anaphylaxis Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>EPILEPSY</b>			
Do you have Epilepsy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<b>Epilepsy Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>DIABETES</b>			
Do you have Diabetes?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<b>Diabetes Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>OTHER MEDICAL CONDITIONS</b>			
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:			
		<b>Medical Management and Response Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Office Use Only</b>			
<b>OST or Credit Counselling Summary Received</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>OSSLT Successfully Completed</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Documentation of Completed Community Service Hours Received</b> (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, Personal Health Information Protection Act, 2002 and the legal authority of the Education Act, R.S.O. 1990, c.E-2, as amended. This information will be used for the Ontario Student Record and for administrative purposes. Questions regarding this collection should be directed to the school principal. 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