



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

SCHOOL: _____

DATE OF REGISTRATION: _____

DATE OF ADMISSION: _____

<i>Shaded Areas for Office Use</i>		PLEASE PRINT CLEARLY		Student #	
Legal Last Name, First Name, Middle Name				Date of Birth	
Preferred Last Name, First Name, Middle Name (same as above <input type="checkbox"/>)				Year _____ Month _____ Day _____	
				Student Cell Phone # (optional)	
		Grade	Homeroom		
Gender: Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/>		Proof of Age Document Birth Certificate <input type="checkbox"/>	Baptismal Certificate <input type="checkbox"/>		
Prefer Not to Disclose (N) <input type="checkbox"/>		Canadian Citizenship Card <input type="checkbox"/>	Passport <input type="checkbox"/>	Indian Status Card <input type="checkbox"/>	
Prefer to Specify (S): _____		Other <input type="checkbox"/>	Specify Other _____		
Proof of Legal Name Verified By (e.g. secretary name)				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 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 Assessment <input type="checkbox"/> Current Home Phone/Cable/Internet bill <input type="checkbox"/> Other: Please specify _____ (Driver's License/cell phone bills not acceptable for audit purposes)			Previous School Name and Board Name		
			Non-TLDSB Address (include Province/Country & Phone Number of Previous School)		
Language of Instruction			Last Date of Attendance		
Citizenship					
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	Has your child previously been receiving English as a Second Language (ESL) instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Documentation Examined and Verified for Eligibility– Documents Should Not Be Copied					
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) _____		
Dates Valid (DD-MM-YYYY) _____			Exchange Student <input type="checkbox"/> (Agency Name): _____		
Enrolled full time in: Program Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/>			Dates from/to _____		
Parent Work Permit <input type="checkbox"/>			Country of Exchange _____		
Dates Valid (DD-MM-YYYY) _____			Reciprocal Student _____		
Documentation from IRCC confirming approval of Work Permit <input type="checkbox"/>					
Other Circumstances: (Please Specify and Indicate Valid Dates) (exp. Diplomat Status, Minister's Permit)					

Special Education

Has your child had assessments in Vision Hearing Speech Psychological Services
Has your child been formally identified by an Identification, Placement, and Review Committee? Yes No
If so, what is the IPRC Identification? _____
Does your child have an Individual Education Plan (IEP)? Yes No Subjects

Suspension/Expulsions

Is this student currently suspended from any school in Ontario? Yes No
If Yes, provide name of the school and the School Board _____
Has this student 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, parents, and guardians 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 my child 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.

Parent / Guardian

Students Living with Guardians Custody Agreement Reviewed Yes No
If there is no Custody Agreement, and the student's parent/legal guardian lives outside of Ontario, then all of the following criteria must be met in order for the child to attend without the payment of a tuition fee:
Yes No The student is a Canadian citizen or a permanent resident of Canada;
Yes No The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school;
Yes No The guardian is assuming full responsibility for the care and well-being of the student and the student is residing with the guardian throughout the custody period;
Yes No A written agreement is in place between the parents of the student and the guardian that sets out all of the above, as well as the respective responsibilities of the parents and the guardian.

Custody Court Order Provided for filing in OSR No Court Order Special Arrangement Describe
Both Parents Shared
Mother Exclusive CAS
Father Exclusive Agency
Joint -Legal Other _____

Parent/Guardian 1 (primary contact) Relationship to Student
Last Name, First Name

Address, if different from student

Living with Student Receive Correspondence Access Denied
Legal Guardian Legal Custody Migrant Worker

Home Phone Cell Phone Email

Can Contact in an Emergency Place of Employment Business Phone
Can Contact at Work
Would like to Volunteer

Parent/Guardian 2 (secondary contact)			Relationship to Student		
Last Name, First Name					
Address, if different from student					
Living with Student <input type="checkbox"/>		Receive Correspondence <input type="checkbox"/>		Access Denied <input type="checkbox"/>	
Legal Guardian <input type="checkbox"/>		Legal Custody <input type="checkbox"/>		Migrant Worker <input type="checkbox"/>	
Home Phone		Cell Phone		Email	
Can Contact in an Emergency <input type="checkbox"/>		Business Phone		Place of Employment	
Can Contact at Work <input type="checkbox"/>					
Would like to Volunteer <input type="checkbox"/>					
Emergency Contact 1 (1 additional contact must be provided other than parent/guardian listed above)					Contact Number(s)
Last Name, First Name					
Relationship to Student					Permission to Pick Up Student <input type="checkbox"/>
Emergency Contact 2 (1 additional contact must be provided other than parent/guardian listed above)					Contact Number(s)
Last Name, First Name					
Relationship to Student					Permission to Pick Up Student <input type="checkbox"/>
<i>*additional emergency contacts can be provided to the school on a separate piece of paper if required</i>					
Siblings <i>additional siblings can be provided to the school on a separate piece of paper if required.</i>					
Surname		First Name		School Attending (if different)	Grade
Medical					
Health Practitioner Name				Phone Number	
Student wears a Medic Alert Bracelet/Necklace Yes <input type="checkbox"/>			Registration #		
Immunization Record Received for Health Unit			Yes <input type="checkbox"/>	No <input type="checkbox"/>	FOR OFFICE USE

Secondary Students 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:					

*If you answer "Yes" to any of the medical conditions below, you will be asked to complete a Plan of Care.

ASTHMA Does your child have Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Does your child 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 Does your child have Anaphylactic Reactions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to: _____ Does your child 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 Does your child 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 Does your child 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 Does your child 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"/>

MEDICATION Does your child require any type of medication administered or stored during the school day? Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorization for Storage and Administration of Prescribed Medication Form on File (only necessary if Medication is not associated with Plan of Care) Yes <input type="checkbox"/> No <input type="checkbox"/> Medication Received Added to Inventory Log Yes <input type="checkbox"/> No <input type="checkbox"/> Student Log of Administered Medication Form Prepared Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes to the medication question above: <ul style="list-style-type: none"> If the medication is related to one of the medical needs listed, instructions, administration and storage of the medication will be outlined as part of the student Plan of Care. If the medication is required for a reason that does not require a Plan of Care to be created, parents/guardians are required to complete an Authorization for Administration and Storage of Medication Form. 	

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/we understand that it is our responsibility to advise the school immediately of any changes to the information provided.
- I/we 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/we 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.

PLEASE NOTE: If your child is 16 or 17 years of age at the time of this collection, you must have the necessary consent of the child to permit the collection under the Municipal Freedom of Information and Protection of Privacy Act.

Signature of Parent/Legal Guardian/Custodian _____ Print Name _____ Date of Signing _____

Relationship to Student: _____

Administrator:

Signature of Principal _____ Print Name _____ Date of Signing _____

Office Administrator:

Signature of Office Administrator _____ Print Name _____ Date of Signing _____