



# CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

2755 Highway 43, Kemptville, ON K0G 1J0

1-800-443-4562 or 613-258-7757

www.cdsbeo.on.ca

# SCHOOL REGISTRATION FORM

School of Registration: \_\_\_\_\_

Start Date: \_\_\_\_\_

Verification of the following documents is **required** to complete the registration:

CATHOLIC BAPTISMAL CERTIFICATE/NON-CATHOLIC ADMISSION FORM  BIRTH CERTIFICATE  PROOF OF ADDRESS

Grade: \_\_\_\_\_  ENGLISH  FRENCH IMMERSION

Transportation Required:  YES  NO To/From:  HOME  CAREGIVER

Does your child have special education needs?  YES  NO  IEP (Individual Education Plan)

Details: \_\_\_\_\_

Last Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Gender:  F  M  Prefer not to disclose  Prefer not to specify

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Township: \_\_\_\_\_ Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Address verified by legal guardian's most recent:  Hydro Bill  Telephone Bill  Tax Bill

Religion:  ROMAN CATHOLIC  OTHER

Sacramental History - Please indicate which Sacraments your child has received:

First Language: \_\_\_\_\_  BAPTISM  FIRST COMMUNION  RECONCILIATION  CONFIRMATION

Language Spoken Most Often: \_\_\_\_\_  I give permission to distribute information on sacraments to the parish priest.

Date of Birth: \_\_\_\_\_ Country of Last Residence: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Date of Entry to Canada: \_\_\_\_\_

Province of Birth: \_\_\_\_\_ Status:  LANDED IMMIGRANT  OTHER VISA  REFUGEE

Student Information

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_ Work Phone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Township: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Is your tax support designated to the English Catholic school system?  YES  NO

If NO, please obtain from the school office an **Application for Direction of School Support** and attach to this form.

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_ Work Phone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Township: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Is your tax support designated to the English Catholic school system?  YES  NO

If NO, please obtain from the school office and submit an **Application for Direction of School Support**.

Parent/Guardian Information

Student Lives With:  BOTH PARENTS  MOTHER  FATHER  OTHER (please specify): \_\_\_\_\_

Exclusive Custody:  YES  NO Court order attached:  YES  NO

# SCHOOL REGISTRATION FORM

Medical/Emergency

Name of Emergency Contact (other than parent/guardian): \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Medications:** Does the child receive routine medications?

NO  YES (please list):

**SIBLINGS** (names & date of birth):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any significant health factors which must be considered? (i.e.; sight, hearing, speech, serious allergies, epilepsy, asthma)

NO  YES (please describe): \_\_\_\_\_

\_\_\_\_\_

Self-Identification

**VOLUNTARY FIRST-NATION, MÉTIS, and INUIT SELF-IDENTIFICATION** - All parents/guardians of Aboriginal students, and students aged 18 years or older, have the right to voluntarily and **confidentially** self-identify. Through self-identification the Board is able to collect relevant information which helps to provide programs and strategies supporting the needs of First Nations, Métis and Inuit learners. This information is being gathered in accordance with section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act.

If the student is considered to be of Aboriginal ancestry, please check the appropriate box:

FIRST NATION  MÉTIS  INUIT

Secondary Students

**NOTE:** This section applies only to students registering at the secondary level.

## SCHOOL UNIFORM POLICY

I am aware that CDSBEO secondary schools have a uniform dress code policy.

## COMMUNITY SERVICE

Has this student completed 40 hours of community service?  NO  YES  PARTIAL - Number of Hours: \_\_\_\_\_

**USE OF STUDENT INFORMATION AND IMAGE:**  I consent  I do not consent ...to my child being photographed or videotaped, and his or her name, image and/or school work used in media coverage of school related events, in school or board publications, or on the school or board website/social media channels.

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Catholic District School Board of Eastern Ontario under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, to communicate school related information and activities to parents/guardians via email if provided, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please speak to your school principal.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_