



SUDBURY CATHOLIC DISTRICT SCHOOL BOARD

165A D'Youville Street, SUDBURY, ONTARIO P3C 5E7 tel. (705) 673-5620 fax (705) 673-6670

"Schools to Believe In"

REGISTRATION FORM

REGULAR PROGRAM IMMERSION PROGRAM

SCHOOL: _____ GRADE (entering): _____ DATE: _____

LEGAL NAME(s): _____

(MANDATORY) *Legal Surname* *Legal First Name(s)* *Legal Second Name(s)*

PREFERRED NAME(s): Surname _____ First Name(s) _____

Note: As per Ministry Regulation the Legal Name(s) will appear in legal documents (i.e. Report Card)

DATE OF BIRTH: _____ GENDER: M F *Proof of Age:* Bapt. Cert. Birth Cert. Other _____

CANADIAN CITIZENSHIP: Yes No COUNTRY OF BIRTH: _____ First Language: _____

Aboriginal Ancestry: Yes No First Nation Metis Inuit Band Name: _____

Note: Reporting this information is voluntary.

RELIGION: _____ Baptized: Yes No Date: _____

Doctor's Name: _____ Telephone #: _____ Allergy(ies) _____

Medical Concern(s): _____

STUDENT ADDRESS: (*Special Custody - please specify*): _____

Apartment # Street Address City Postal Code Home Tel. # Cell #

Lives with: Both parents Mother only Father only Mother & other Father & other Other

TRANSPORTATION (if other than home address - specify): AM (PICK UP) PM (DROP OFF)

Sitter/Daycare - Full Name ADDRESS Work # Cell#

FATHER _____
Full Name Religion Employer Work # Cell #

MOTHER _____
Full Name (maiden in parentheses) Religion Employer Work # Cell #

EMERGENCY 1. _____
CONTACT 2. _____
3. _____
Full Name Relationship Employer Work # Cell #

Last School Attended: _____ Board: _____

Address: _____ Tel. # _____ Fax # _____

Special Education - Identified: YES NO N.A. Exceptionality: _____

For Office Use Only O.E.N.: _____ Tax Support: Public Separate Roll Number: _____

The Sudbury Catholic District School Board, under the Ministry of Education Guideline Ontario Student Record (OSR) 1989 and in compliance with the Ontario Freedom of Information and protection of Privacy act, 1987, shall establish an Ontario Study Record (OSR) for your child upon enrolment in one of this Board's schools. This is a continuing record which shall be used for the improvement of instruction of your child by school personnel and/or by others as set out in the English Section's manual for the Ontario Student Record. If, at any time, you wish to review the contents of this record, during regular school hours, please contact the principal of the school where your child is presently enrolled. **I consent to the collection, use and disclosure of the above noted personal information for the purpose of providing safe student transportation, and understand that this information may be disclosed to the providers of such transportation.**

Parent/Guardian Signature _____

Date _____

The above information will be kept in the child's OSR folder with copies sent to the Board Office for administrative use only.