Algoma District School Board - Registration Form

644 Albert St. East, Sault Ste. Marie, ON P6A 2K7
Phone: 705-945-7111 Fax: 705-942-2540
www.adsb.on.ca

School Name:				**Grade:**
Student Details				
Legal Name:	(Surname)	(First Name)	(Middle Name)	Gender: ☐ Male ☐ Female
Preferred Name:	(Surname)	(First Name)	(Middle Name)	Date of Birth: ____ ____ _____ (dd mm yyyy)

Previous School			
Previous School Attended:			
Address:	(Number/Street)	(City)	(Province/State) (Country)
Previous Board Attended:			
Language of Instruction:		Departure Date:	
Last Grade Attended:		Reason for Transfer:	

Citizenship Information ***(See Verification of Ontario Residency & Status in Canada form, page 4)***			
Indigenous Student (Refer to Voluntary Self-Identification Policy): ☐ Yes ☐ No	☐ First Nations	☐ Metis	☐ Inuit

Language Information			
Language Name:	☐ First Language	☐ Spoken at Home	☐ Main Language at Home
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Medical Information			
Health Card Number: Version:		Immunization Record: ☐ Yes ☐ No	Medical Peril: ☐ Yes ☐ No
Medical Peril: Alerts and Condition	**Explanation (Remark)**		

Address: ☐ **Home** (Priority ☐ 1 ☐ 2 ☐ 3)				
Number:	Unit:	Street:		
City/Town:			Province:	Postal Code:
Delivery Type: ☐ General Delivery ☐ PO Box ☐ Rural Route			Delivery No:	Phone:
Additional Delivery Information:				

Transportation
Bus Transportation Required: ☐ Yes ☐ No

Address: ☐ **Pick up (*If different from Home Address*)** (Priority ☐ 1 ☐ 2 ☐ 3)				
Number:	Unit:	Street:		
City/Town:			Province:	Postal Code:
Delivery Type: ☐ General Delivery ☐ PO Box ☐ Rural Route			Delivery No:	Phone:
Additional Delivery Information:				

Address: ☐ **Drop off (*If different from Home Address*)** (Priority ☐ 1 ☐ 2 ☐ 3)				
Number:	Unit:	Street:		
City/Town:			Province:	Postal Code:
Delivery Type: ☐ General Delivery ☐ PO Box ☐ Rural Route			Delivery No:	Phone:
Additional Delivery Information:				

Contact 1

Contact Relationship Information

Relationship:	Contact Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4	Closure Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Access (Check all that apply): ☐ Guardian ☐ Custody ☐ Lives With Student ☐ Access to Records ☐ Receives Mail ☐ Speaks School Language

Contact Personal Information

Title:	Surname:	First Name:	Middle Name:
Gender:	Birth Country:	Status in Canada:	

Place of Employment:

Contact Language Information

Language Name:	☐ First Language	☐ Spoken at Home

Contact Address Information ☐ ***Same as Student Home Address (Priority 1)*** ☐ ***Same as Student Home Address (Priority 2)***

Address Type: ☐ Home ☐ Mailing ☐ Business			Address Format: ☐ Civic ☐ Rural
Number:	Unit:	Street:	
City/Town:		Province:	Postal Code:
Delivery Type: ☐ General Delivery ☐ PO Box ☐ Rural Route		Delivery No:	

Additional Delivery Information:

Contact Phones

Priority: 1	Type: ☐ Home ☐ Cell ☐ Business	( )	Ext.	☐ Listed
Priority: 2	Type: ☐ Home ☐ Cell ☐ Business	( )	Ext.	☐ Listed

Contact Email

Priority: 1	Email:	☐ CASL (**Consent for emails of a commercial nature)

Contact 2

Contact Relationship Information

Relationship:	Contact Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4	Closure Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Access (Check all that apply): ☐ Guardian ☐ Custody ☐ Lives With Student ☐ Access to Records ☐ Receives Mail ☐ Speaks School Language

Contact Personal Information

Title:	Surname:	First Name:	Middle Name:
Gender:	Birth Country:	Status in Canada:	

Place of Employment:

Contact Language Information

Language Name:	☐ First Language	☐ Spoken at Home

Contact Address Information ☐ ***Same as Student Home Address (Priority 1)*** ☐ ***Same as Student Home Address (Priority 2)***

Address Type: ☐ Home ☐ Mailing ☐ Business			Address Format: ☐ Civic ☐ Rural
Number:	Unit:	Street:	
City/Town:		Province:	Postal Code:
Delivery Type: ☐ General Delivery ☐ PO Box ☐ Rural Route		Delivery No:	

Additional Delivery Information:

Contact Phones

Priority: 1	Type: ☐ Home ☐ Cell ☐ Business	( )	Ext.	☐ Listed
Priority: 2	Type: ☐ Home ☐ Cell ☐ Business	( )	Ext.	☐ Listed

Contact Email

Priority: 1	Email:	☐ CASL (**Consent for emails of a commercial nature)

Contact 3

Contact Relationship Information

Relationship:	Contact Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4	Closure Priority: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Access (Check all that apply): ☐ Guardian ☐ Custody ☐ Lives With Student ☐ Access to Records ☐ Receives Mail ☐ Speaks School Language

Contact Personal Information

Title:	Surname:	First Name:	Middle Name:
Gender:	Birth Country:	Status in Canada:	

Place of Employment:

Contact Language Information

Language Name:	☐ First Language	☐ Spoken at Home

Contact 3 (Continued)					
Contact Address Information ☐ ***Same as Student Home Address (Priority 1)*** ☐ ***Same as Student Home Address (Priority 2)***					
Address Type: ☐ Home ☐ Mailing ☐ Business				Address Format: ☐ Civic ☐ Rural	
Number:	Unit:	Street:			
City/Town:			Province:	Postal Code:	
Delivery Type: ☐ General Delivery ☐ PO Box ☐ Rural Route			Delivery No:		
Additional Delivery Information:					
Contact Phones					
Priority: 1	Type: ☐ Home ☐ Cell ☐ Business	( )		Ext.	☐ Listed
Priority: 2	Type: ☐ Home ☐ Cell ☐ Business	( )		Ext.	☐ Listed
Contact Email					
Priority: 1	Email:			☐ CASL (**Consent for emails of a commercial nature)	

Sibling Information		
Last Name	First Name	School
1.		
2.		
3.		

Child Care Information (If applicable)			
Provider:			
Address:			
	Number/Street	City/Township	Postal Code
Phone Number: ( )		Business Phone Number: ( )	
Provider:			
Address:			
	Number/Street	City/Township	Postal Code
Phone Number: ( )		Business Phone Number: ( )	

Pre-School Experiences (If applicable)

Nursery/Child Care:

Group Experiences:
(swimming/skating/
gymnastics/library)

Community Special
Services:

Please note any additional information of which the school should be aware

Personal information on this form is collected under the authority of the *Education Act,* R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act,* R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network and for school registration purposes. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually. Any questions with respect to this information should be directed to the School Administrator in which the student is registering.

*Email address will be used to provide information to Guardians such as student progress and information nights and access to the parent portal.
**Email address will also be used to provide information of a commercial nature. Canada's Anti-Spam Legislation (CASL) prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result, Algoma District School Board requires your consent to send you emails which contain advertising or promotions regarding school fundraisers, lunch programs, field trips, the sale of yearbooks, purchasing of student photos, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.

I certify that the information provided on this form is accurate.

_____ _____

Signature of Parent/Legal Guardian Date

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VERIFICATION OF ONTARIO RESIDENCY & STATUS IN CANADA

SCHOOL STUDENT IS ENROLLING AT: _____

The following form is to be filled out by school staff members. Verification documents are to be viewed by the Principal. The Principal is to sign this *Verification of Ontario Residency & Status in Canada* form and this form is to be kept in the student's OSR file.

School Staff are not permitted to take photocopies of any personal documents.

STUDENT INFORMATION

Legal Last Name:_____ Usual Last Name: _____

Legal First Name:_____ Preferred First Name:_____

Legal Middle Name:_____ Date of Birth:_____
dd mm yyyy

PROOF OF ONTARIO RESIDENCY (NAME & ADDRESS):

*(check off what has been presented – only **one** is required)*

Current Purchase or Lease Agreement: ☐ Current Utility Bill: ☐ Current Property Tax Bill: ☐

Current Home Phone Bill/ Cable Bill/ Internet Bill: ☐ Other (please specify): _____

NOTE: *per Ministry guidelines a driver's license is not acceptable*

(If no Proof of Ontario Residency, please contact Julia Perri to continue the registration process at (705) 945-7233.)

CITIZENSHIP INFORMATION

Please check-off one of the following boxes and present proof of status in Canada

Canadian Citizen: **Yes** ☐ **No** ☐ **(If No – please contact Julia Perri to continue the registration process at (705) 945-7233.)**

If yes: City & Province of Birth: _____

or

If Canadian Citizen born outside of Canada: Country of Birth: _____ Country of Last Residence:_____

Arrival Date in Canada: _____Arrival Date in Province:_____

Document Presented (only one is required):

Canadian Birth Certificate ☐ Canadian Passport ☐

Canadian Citizenship Certificate/Card ☐ Canadian Government Issued Indigenous Status Card ☐

I confirm that I have seen the above noted information, and verify it to be accurate and true:

_____ _____

Principal Signature Date: