



# Toronto Catholic District School Board

## Student Registration Form

(Enter School Name Above)

### Office Use Only

|                                 |        |                                     |
|---------------------------------|--------|-------------------------------------|
| Admit Date:                     | Grade: |                                     |
| Student No.:                    | Class: | Special Ed. Register<br>Yes      No |
| Ontario Education Number (OEN): |        | Verification Document Type:         |

### Student Information

|  |                            |   |  |  |  |
|--|----------------------------|---|--|--|--|
| Legal Name:  | Surname                    | First Name  | Middle Name                              | Gender:  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Preferred Name:  | Surname                    | First Name  | Middle Name                              | Date of Birth: (YYYY / MMM / DD)   |  |
| Sibling in school:<br><input type="checkbox"/> No <input type="checkbox"/> Yes | <b>Medical Information</b> | Health Card No. (include version)   | Medical alert information or disability: | Transportation Required:<br><input type="checkbox"/> No <input type="checkbox"/> Yes |  |
| Name:  |                            | Immunization Record Received:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Home Address   | Number/Street Name         | Unit #  | City                                     | Postal Code  | Phone No.      Unlisted<br><input type="checkbox"/>              |
| Mailing Address<br>(if different from home)                                    | Number/Street Name         | Unit #  | City                                     | Postal Code  | Phone No.      Unlisted<br><input type="checkbox"/>              |

### Admit Information

| Religious Information   | If Birth Country Is Not Canada  |                            | Previous School Information |
|---|---|----------------------------|-----------------------------|
| Baptismal Certificate: <input type="checkbox"/> No <input type="checkbox"/> Yes | Birth Country:  | Country of Last Residence: | Previous School:            |
| Baptismal Parish: _____   | Arrival/Entry Date: (YYYY / MMM / DD)   |                            | Address: _____              |
| City/Country: _____   | Status in Canada:<br><input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other Visa  |                            | School Board: _____         |
| Current Parish: _____   | <input type="checkbox"/> Refugee <input type="checkbox"/> Student Visa  |                            | Last Day Attended: _____    |
| <b>Sacraments</b>   | Verification:<br><input type="checkbox"/> Immigration Papers <input type="checkbox"/> OSR Record <input type="checkbox"/> Passport<br><input type="checkbox"/> Unable to Establish <input type="checkbox"/> Other |                            | Reason for transfer: _____  |
| <input type="checkbox"/> Baptism      Date: _____                               | Mother tongue:<br>Language spoken at home:  |                            |                             |
| <input type="checkbox"/> Reconciliation      Date: _____                        |   |                            |                             |
| <input type="checkbox"/> Eucharist      Date: _____                             |   |                            |                             |
| <input type="checkbox"/> Confirmation      Date: _____                          |   |                            |                             |

|                             |  |                          |  |  |  |   |  |  |      |  |             |
|-----------------------------|--|--------------------------|--|--|--|---|--|--|------|--|-------------|
| Father/Guardian Information | Title Surname  |                          |  | First name   |  | Middle Name   |  | Place of Employment:   |      |  |             |
|                             | Catholic:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Relationship to student: |  | Access to Student:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Please check all boxes which apply:<br><input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Receives mail<br><input type="checkbox"/> Custody <input type="checkbox"/> Access to records <input type="checkbox"/> Speaks language of school |  |  |      | School support<br><input type="checkbox"/> Catholic<br><input type="checkbox"/> Public |             |
|                             | Check contact priority sequence no. (1=high, 3=low)<br>Emergencies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |                          |  |  |  |   | School Closure: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |  |      | <b>Phone Numbers:</b><br>Home: _____   |             |
|                             | Address (if different from students)<br>Number/Street Name   |                          |  |  |  |   | Unit #   |  | City |  | Postal Code |
| Mother/Guardian Information | Title Surname  |                          |  | First name   |  | Middle name   |  | Place of Employment:   |      |  |             |
|                             | Catholic:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Relationship to student: |  | Access to Student:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Please check all boxes which apply:<br><input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Receives mail<br><input type="checkbox"/> Custody <input type="checkbox"/> Access to records <input type="checkbox"/> Speaks language of school |  |  |      | School support<br><input type="checkbox"/> Catholic<br><input type="checkbox"/> Public |             |
|                             | Check contact priority sequence no. (1=high, 3=low)<br>Emergency: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3   |                          |  |  |  |   | School Closure: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |  |      | <b>Phone Numbers:</b><br>Home: _____   |             |
|                             | Address (if different from students)<br>Number/Street Name   |                          |  |  |  |   | Unit #   |  | City |  | Postal Code |
| Contact Information         | Title Surname  |                          |  | First name   |  | Middle name   |  | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |      |  |             |
|                             | Relationship to student:   |                          | Access to Student:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |   |  |  |      |  |             |
|                             | Check contact priority sequence no. (1=high, 3=low)<br>Emergency: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3   |                          |  |  |  |   | School Closure: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |  |      | <b>Phone Numbers</b><br>Home: _____  |             |
|                             | Address (if different from student)<br>Number/Street Name  |                          |  |  |  |   | Unit #   |  | City |  | Postal Code |
| Doctor Information          | Title Surname  |                          |  | First name   |  | Middle name   |  | <b>Phone Numbers</b>   |      |  |             |
|                             |  |                          |  |  |  |   | Business: _____  |  |      |  |             |
| Signature:                  |  |                          |  |  |  | Date:   |  |  |      |  |             |