

School \_\_\_\_\_ Ontario Education Number (OEN) \_\_\_\_\_

Grade \_\_\_\_\_ Admit Date \_\_\_\_\_ Class/Homeroom \_\_\_\_\_

French Immersion  Valleyview  New Prospect **Ojibwe Immersion (gr 1-3)**  Evergreen  Sioux Mountain

Adult (Over 18?) - Yes  No  Type of Age Verification Received \_\_\_\_\_

OSR Status: Requested  Received  Notes: \_\_\_\_\_

Pupil of the Board Yes  or No

**If No, (F10) Non-Resident Enrolment Authorization form must be completed by all parties & sent to Kenora Board Office. A copy is to be placed in the Student's OSR – This must be completed each school year.**

**Student Information:**

Legal Name (on Birth Certificate): \_\_\_\_\_  
Surname First Name Middle Name

Preferred Name (if different from legal name): \_\_\_\_\_  
Surname First Name Middle Name

Gender (please check one): Male  Female  Date of Birth: \_\_\_\_\_  
(MM - DD - YYYY)

If Student has siblings in this school, please list them: \_\_\_\_\_

Student's First Language: \_\_\_\_\_ Main Language Spoken at Home: \_\_\_\_\_

Is this Student of Native Ancestry? Yes  **If yes, select one:** First Nation  Métis  Inuit   
 No  Band Information: \_\_\_\_\_

Does this Student have an Individual Education Plan (IEP)? Yes  No  **If yes, copy form for School SERT**

Has this Student been identified through an IPRC? Yes  No

**Previous Schooling Information:**

Previous School Attended: \_\_\_\_\_ Other Board in Ontario: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Province/State Country

Language of Instruction: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

The year he/she first entered an ON Secondary School \_\_\_\_\_ Reason for Transfer \_\_\_\_\_

**Student's Medical Information:**

Health Card Number (including version number): \_\_\_\_\_

Copy of Immunization Record Provided: Yes  No

Medical Alert Information or Disability: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_

Doctor Ph Number \_\_\_\_\_ Name of Medical Clinic \_\_\_\_\_

**Student Address Information:**

Mailing Address: \_\_\_\_\_  
House # Street Name Apt. # P.O. Box # RR City/Town Postal Code

Home/911 Address: \_\_\_\_\_  
House # Street Name City/Town Postal Code

If coming from Out of Country, Out of Province or from a Reserve (Other Pupil) –  
 Type of Residence Verification Received \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Unlisted: Yes  No

**Transportation:**Bus Service Requested? Yes  No 

If yes, have Parent/Guardian contact the Transportation Consortium in Dryden at 223-1256 ext 1 or 1-866-860-7770 ext 1

**Parent/Legal Guardian Information:**Name: \_\_\_\_\_  
(Mr. Mrs.) First Name Surname

Relationship to student: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Contact Priority:  1=First to be contacted  2=Second  3=Third (please check one)School Closure:  1=First to be contacted  2=Second  3=Third (please check one)

Home Ph Number: \_\_\_\_\_ Business Ph Number: \_\_\_\_\_ Cell Ph Number: \_\_\_\_\_

Guardian: Yes  No  Custody: Yes  No  Lives with Student: Yes  No Receive Mail: Yes  No  Access to Records: Yes  No 

Address if different from student: \_\_\_\_\_

Name: \_\_\_\_\_  
(Mr. Mrs.) First Name Surname

Relationship to student: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Contact Priority:  1=First to be contacted  2=Second  3=Third (please check one)School Closure:  1=First to be contacted  2=Second  3=Third (please check one)

Home Ph Number: \_\_\_\_\_ Business Ph Number: \_\_\_\_\_ Cell Ph Number: \_\_\_\_\_

Guardian: Yes  No  Custody: Yes  No  Lives with Student: Yes  No Receive Mail: Yes  No  Access to Records: Yes  No 

Address if different from student: \_\_\_\_\_

**Additional Emergency Contact Person:**Name: \_\_\_\_\_  
(Mr. Mrs.) First Name Surname

Relationship to student: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Contact Priority:  1=First to be contacted  2=Second  3=Third (please check one)School Closure:  1=First to be contacted  2=Second  3=Third (please check one)

Home Ph Number: \_\_\_\_\_ Business Ph Number: \_\_\_\_\_ Cell Ph Number: \_\_\_\_\_

Guardian: Yes  No  Custody: Yes  No  Lives with Student: Yes  No Receive Mail: Yes  No  Access to Records: Yes  No 

Address if different from student: \_\_\_\_\_

Can the school communicate with you via email for the following reasons?

-Teacher to Parent Communication -School Events -School Absences (Secondary Only)

Yes  No  If yes, email address: \_\_\_\_\_

The Ministry of Education and Training, under the authority of the Education Act of the Province of Ontario, R.S.O. 1990 Ch. E2, Section 265, requires that each school maintain a record of basic information for each student registered in the school. The information will be used to:

- Document registration of the student
- Identify any special needs of the student
- Prepare the Ontario Student Record\* and office index card
- Prepare class lists, attendance reports, and other reports for the board and the Ministry of Education
- Provide other school boards with required registration information, if the student transfers to another school board
- Supply the District Health Unit with information for public health records
- Make emergency care arrangements for the student

\*The Ontario Student Record is a record folder containing information about your child including report cards and other personal information conducive to the improvement of the instruction of the student. Parents(s)/guardian(s) have the right to access or examine the contents of the OSR folder for their child who is under 18 years of age.

I authorize the use of the information as noted in the above, and I understand that it is my responsibility to keep the school advised of any change in the information.

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