



Trinity Simone Christian Academy

STUDENT REGISTRATION FORM

CONFIDENTIAL

School of Registration:

[Empty box for School of Registration]

Start Date:

[Empty box for Start Date]

Legal Documents Verified: Yes [] No []

Student Information

Last Name (Legal)

First Name (Legal)

Middle Name (Legal)

Last Name (Preferred)

First Name (Preferred)

Middle Name (Preferred)

Male [] Female []

Date of Birth: ___/___/___ (Year/Month/Day)

Current Grade: _____

OEN: _____

Years in Secondary School: _____

Name of school most recently attended: _____

City: _____ Province: _____ School Phone Number: (____) _____-_____

Does the student have an Individual Education Plan (IEP)? Yes [] No []

Not to be entered into Trillium. Pass this information to Resource Staff.

Is the student currently under suspension and/or expelled from a school and/or board? Yes [] No []

Siblings

If the student has brothers or sisters in this school, please complete:

Name

Name

1) _____

3) _____

2) _____

4) _____

Medical

Emergency Response Plan:

If your child has any medically diagnosed and potentially life threatening circumstances such as anaphylactic reactions, diabetes, seizures or asthma, please notify the Principal immediately. An individualized Emergency Response Plan (ERP) will be developed by the parent/guardian and the Principal to address your child's individual needs.

Immunization Record Received: Yes [] No []

Medication: are routine medications needed? Yes* [] No []

If YES, give details _____

*If administered at school, please complete the "Authorization for Medication Form".

Health Problems: are there restrictions which may affect school work or physical activity? Yes [] No []

If YES, give details _____

If your child has significant health factors, please describe below:

Life Threatening

_____ Yes [] No []

_____ Yes [] No []

Residency

Country of Citizenship to be completed for ALL students:

Legal Documents Verified: Yes No
ESL/ELD Confirmation Form Completed: Yes No

Copy to be forwarded to Supervisor, School Business Operations

Birth Country: _____ Province of Birth: _____ Country of Last Residence: _____
(if born in Canada) (only if other than Canada)

Status in Country (Canada)

Canadian Citizen Landed Immigrant Student Visa Other Visa Refugee

Arrival Date in Canada: _____ Arrival Date in Ontario: _____
(if country of birth is other than Canada)

Language Information:

First Language: _____ Language(s) Spoken at Home: _____

Other Languages: _____

Are you a Non-First Nation (Non-Native) student living on a Reserve?

Yes No If yes, fees **MUST** be paid by parent/guardian prior to entry.
Contact Financial Services at extension 2061 for information.

If the student is part of a tuition agreement, please check appropriate box:

Alderville Curve Lake Hiawatha

**VOLUNTARY NATIVE, MÉTIS and INUIT
SELF-IDENTIFICATION**

All parents/guardians of aboriginal students and students where they are 18 years or older, have the right to voluntarily self-identify. By self-identifying, you help us to monitor the success of the programs and services we offer and identify ways we can support aboriginal students so that they meet with success. (Please see Board Policy No. ES-3.13, First Nation, Métis and Inuit Voluntary Self-Identification, for additional information.)

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

First Nation (Status or Non-Status) Métis Inuit

Address

Student Home Address

Proof of Address Received: Yes No

Number _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Township _____ Emergency 911# _____

Province _____ Postal Code _____ Home Phone Number: (____) ____ - ____ Unlisted

E-mail Address _____ Cell Phone Number: (____) ____ - ____

Student Mailing Address (if different from home address)

Number _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____

Rural Route No. _____ Post Office Box No. _____

City/Town _____ Province _____ Postal Code _____

CONTACT INFORMATION: Please complete ALL applicable boxes.
 Legal documentation must be provided if **NO Access** is selected for a parent/guardian listed.

Complete contact priority based on the order to be notified in the case of an emergency or closure.
Do not give more than one contact the same priority number. Each student must have a priority 1 contact.

Parent/Guardian

Last Name _____ First Name _____

Relationship _____ Gender Male Female

Access to student Guardian Lives with student Access to Records
 No Access Custody Receives Mail Speaks School Language

Circle: Emergency Priority: 1 2 3 4 **Circle: School Closure Priority: 1 2 3 4**

Home Phone Number: (____) ____ - ____ Cell Phone Number: (____) ____ - ____ E-mail _____

Place of Employment: _____ Business Phone: (____) ____ - ____ ext. ____

Home Address (complete ONLY if different from student)

Number _____ Street _____ Apt. No. _____ Unit No. _____ 911# _____

RR# _____ PO Box _____ City/Town _____ Province _____ Postal Code _____

Parent/Guardian

Last Name _____ First Name _____

Relationship _____ Gender Male Female

Access to student Guardian Lives with student Access to Records
 No Access Custody Receives Mail Speaks School Language

Circle: Emergency Priority: 1 2 3 4 **Circle: School Closure Priority: 1 2 3 4**

Home Phone Number: (____) ____ - ____ Cell Phone Number: (____) ____ - ____ E-mail _____

Place of Employment: _____ Business Phone: (____) ____ - ____ ext. ____

Home Address (complete ONLY if different from student)

Number _____ Street _____ Apt. No. _____ Unit No. _____ 911# _____

RR# _____ PO Box _____ City/Town _____ Province _____ Postal Code _____

Other

Last Name _____ First Name _____

Relationship _____ Gender Male Female

Access to student Guardian Lives with student Access to Records
 No Access Custody Receives Mail Speaks School Language

Circle: Emergency Priority: 1 2 3 4 **Circle: School Closure Priority: 1 2 3 4**

Home Phone Number: (____) ____ - ____ Cell Phone Number: (____) ____ - ____ E-mail _____

Home Address (complete ONLY if different from student) Business Phone: (____) ____ - ____ ext. ____

Number _____ Street _____ Apt. No. _____ Unit No. _____ 911# _____

RR# _____ PO Box _____ City/Town _____ Province _____ Postal Code _____

Other	Last Name _____ First Name _____	
	Relationship _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
	Access to student <input type="checkbox"/> No Access <input type="checkbox"/>	Guardian <input type="checkbox"/> Custody <input type="checkbox"/>
	Lives with student <input type="checkbox"/> Receives Mail <input type="checkbox"/>	Access to Records <input type="checkbox"/> Speaks School Language <input type="checkbox"/>
	Circle: Emergency Priority: 1 2 3 4 Circle: School Closure Priority: 1 2 3 4	
	Home Phone Number: (____) ____ - ____ Cell Phone Number: (____) ____ - ____ E-mail _____	
	Home Address (complete ONLY if different from student) Business Phone: (____) ____ - ____ ext. ____	
Number _____ Street _____ Apt. No. _____ Unit No. _____ 911# _____		
RR# _____ PO Box _____ City/Town _____ Province _____ Postal Code _____		

Information Release	Information Release	
	1. I give permission for my child and my child's photograph, art work, articles and school projects to be included in items such as the following: School Newsletter, School/Teacher website, School Board website, School Board publications, School Yearbook and Video Conferencing.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. I give permission for the news media to interview my child, publish or broadcast photos or videos of my child and/or publicize my child's work.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. I give permission for my name and phone number to be shared with a phone committee so that I can be informed of early dismissal, student events and other school related activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	4. Teachers may wish to take a class on walking trips in the area of the school. Teachers carefully plan and supervise these walking trips, so that they are appropriate for the students' age and grade level. I give permission for my child to participate in such walking trips.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian Comments		

Student personal information is collected during registration and while attending school pursuant to the Education Act. It will be used for planning, administration, programming, for the provision of continued education, school to home communications and to establish the Ontario Student Record which contains information conducive to the improvement of instruction. Limited information may be disclosed beyond the board for purposes such as yearbooks, provision of transportation, medical care, child care and accident information to the board's insurer. On-line digital tools and resources will be used in accordance with Kawartha Pine Ridge District School Board's roles, responsibilities, guidelines and the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) legislation for the purpose of education. Questions about the information collected on this form should be directed to the Principal of the school.

I understand that it is my responsibility to immediately advise the school of any changes in any of the information stated on this form.

I hereby certify that the above information is accurate to the best of my knowledge.

Date	Signature (Parent or Guardian)
Date	Signature (Principal)

Office Use Only:						
Track _____	Date of Entry _____	Student # _____	OEN# _____	Homeroom _____	English _____	French _____
Proof of Birth: Baptismal Record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Other _____						