



**NIAGARA CATHOLIC**  
DISTRICT SCHOOL BOARD

# SECONDARY STUDENT REGISTRATION FORM

## CONFIDENTIAL

*Personal information on this form is collected under the authority of the Education Act, and will be used for the Ontario Student Record, Transportation Services and for administrative purposes. Questions about this collection should be directed to the Student Information and Administrative Services Department, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1 (905) 735-0240*

SCHOOL USE ONLY			
School Name & No.	Grade Level	Class/Home Room	Entry Date <small style="font-size: 8px;">Month    Day    Year</small>
Form Verified By (Secretary)	Form Approved by (Principal)		Initial <input type="checkbox"/> Verified Proof of Address
Initial <input type="checkbox"/> Verified Baptismal Certificate & Birth Certificate	Initial <input type="checkbox"/> Verified Confidential Student Immunization Form Completed & Copy of Immunization Record Attached	Initial <input type="checkbox"/> Verified Completion of Consent Form	
Initial <input type="checkbox"/> Verified Application for Direction of School Support Form Completed	Initial <input type="checkbox"/> Verified Approved Request for Admission Form Received (if applicable)	Initial <input type="checkbox"/> Verified OEN data on OEN site	
Legal Surname		Given Name	
Preferred Surname		Middle Name(s)	
Usual Name		Usual Name	
Birthdate <small style="font-size: 8px;">Month    Day    Year</small>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Grade Level at Previous School	Previous School Name	Previous School Address	
Has Your Child Previously attended a Niagara Catholic School ? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, name of school(s)			
Does this student have any sibling(s) attending this school? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, please name them:			
Student Address			Street Number & Name
City			Province
Home Phone (    ) <input type="checkbox"/> Unlisted		Student Email address	Postal Code
IPRC Information		Rural Route P.O. Box	
Has this student been declared "exceptional" through an Identification Placement and Review Committee? (IPRC) <input type="checkbox"/> Yes <input type="checkbox"/> No		Township/Municipality to whom Property Taxes are paid	
If Yes, please specify: _____		Is student on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL CUSTODY			
Does the student have a Special Custody arrangement? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, who has legal custody? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____			
Student Lives With		Who Has Been Granted Legal Access?	
FAMILY /CONTACTS			
1. Parent/Guardian's Surname		Given Name	
Relationship to student		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Employer		Work Phone (    )    Ext.	
Home Phone (    ) <input type="checkbox"/> Unlisted		Cell Phone (    )    Email address	
Parent/Guardian's Address (if different from student)		Street Number & Name	
City		Postal Code	
Province		Rural Route P.O. Box	
2. Parent/Guardian's Surname		Given Name	
Relationship to student		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Employer		Work Phone (    )    Ext.	
Home Phone (    ) <input type="checkbox"/> Unlisted		Cell Phone (    )    Email address	
Parent/Guardian's Address (if different from student)		Street Number & Name	
City		Postal Code	
Province		Rural Route P.O. Box	

**EMERGENCY** **Individuals to be contacted in the event the parent/guardian cannot be reached**

1. Emergency Contact Surname:		Given Name:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Relationship to Student:		Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Home Phone:		Cell Phone:		Email:	
Address (if different from student) Street Number & Name:				Apartment/Unit No:	
City:		Province:		Postal Code:	
Rural Route P.O. Box:		Rural Route P.O. Box:		Rural Route P.O. Box:	
2. Emergency Contact Surname:		Given Name:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Relationship to Student:		Emergency Contact Order (Please select order preference)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Home Phone:		Cell Phone:		Email:	
Address (if different from student) Street Number & Name:				Apartment/Unit No:	
City:		Province:		Postal Code:	
Rural Route P.O. Box:		Rural Route P.O. Box:		Rural Route P.O. Box:	
Sitter Surname:		Given Name:		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
Home Phone:		Cell Phone:		Email:	
Address:				Apartment/Unit No:	
City:		Province:		Postal Code:	
Rural Route P.O. Box:		Rural Route P.O. Box:		Rural Route P.O. Box:	
If school closed due to inclement weather or other emergency, please check name of one individual to be contacted:					
<input type="checkbox"/> 1. Parent/Guardian		<input type="checkbox"/> 2. Parent/Guardian		<input type="checkbox"/> 1. Emergency Contact	
				<input type="checkbox"/> 2. Emergency Contact	
				<input type="checkbox"/> Sitter	
Doctor's Name				Health Card #:	

**HEALTH**

Has your child had any ongoing health problems or concerns? PLEASE CHECK

<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Blind/Low Vision	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Insect Sting Allergies	<input type="checkbox"/> Walker
<input type="checkbox"/> Wears Hearing Aid	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Crutches
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Other Allergies	<input type="checkbox"/> Service Animal

Epinephrine Autoinjector  Yes  No  Anaphylactic

Does your child have any other medical problems or special education needs of which the classroom teacher/school nurse or transportation provider should be aware? YES  NO

If YES, describe in detail \_\_\_\_\_

**ENROLMENT**

Student's Country of Birth		Date Entered Canada	First Language Spoken at Home	Proof of Birth Country Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Status <input type="checkbox"/> Other <input type="checkbox"/> (specify)			Proof of Citizenship Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Voluntary First Nation, Métis and Inuit Student Self-Identification <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		The information is collected in accordance with Municipal Freedom of Information and Protection of Privacy Act. The information provided will help the Ministry, school boards and schools develop programs and allocate resources for First Nation, Métis and Inuit student success.		Enter data in Maplewood Aboriginal Self ID field
Student born in Canada - Province of Birth			Verified Province of Birth <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Birth Date Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/>		Proof of Birth Date Verified <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student's Religion	Name of Parish	Address of Parish		Baptismal Certificate Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Religion	Name of Parish	Address of Parish		Baptismal Certificate Verified (if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Religion	Name of Parish	Address of Parish		Baptismal Certificate Verified (if necessary) <input type="checkbox"/> Yes <input type="checkbox"/> No

**TRANSPORTATION** TO BE COMPLETED BY SCHOOL SECRETARY Eligible for Bus Transportation?  Yes  No Confirm 4 Character Township Code Entered in Maplewood \_\_\_\_\_

**PLEASE NOTE: Transportation needs to be consistent 5 days a week**

Pick up Location (Inbound)  Home Address  Sitter's Address  
 Other Address (within school boundary) \_\_\_\_\_

Drop Off Location (Outbound)  Home Address  Sitter's Address  
 Other Address (within school boundary) \_\_\_\_\_

**CERTIFICATION**

This is to certify that the information provided in this form is complete and correct.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

# SECONDARY STUDENT REGISTRATION FORM

I hereby grant permission for school officials, when necessary, to transport my son or daughter to school activities, or, in the case of injury when I cannot be reached, to the hospital.

I also give permission for my son/daughter to participate in co-curricular activities. If I withdraw this permission, a letter will be sent to the Principal.

I further understand that it is the recommendation of \_\_\_\_\_ and my responsibility,  
*Name of School*

to enroll my son/daughter in the Student Accident Insurance Plan. If I choose not to purchase the insurance, I carry adequate insurance protection for my son/daughter.

Personal information on this form is collected under the authority of the Education Act R.S.O. 1980, Chapter 129 and will be used for the Ontario Student Record Card and Administrative Purposes.

If the release of student name, photo, video image, audio record and/or accomplishments is not to be permitted for school, Board or media publications and/or website, I will notify the Principal in writing before the first day of school. All questions or withdrawal of permission as indicated above is to be directed in writing to the Principal. I also give permission for our son's/daughter's photograph to be used for publication.

I support that my son's/daughter's registration at \_\_\_\_\_ is predicated upon my  
*Name of School*

support for the values and philosophy of the Niagara Catholic District School Board; my support of the Policies and Guidelines of the Niagara Catholic District School Board; and my support of the Religious celebrations and activities in the school. All students are required to select and successfully complete a religious education credit course for each year of enrolment and participate in Religious celebrations and activities in order to participate in school graduation ceremonies.

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*Parent/Guardian Signature*

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*Date*