



SECONDARY STUDENT REGISTRATION FORM

349 Erie Avenue, Brantford, N3T 5V3
 519-756-6301 1-888-548-8878
www.granderie.ca

Notice to Parent/Guardian

Thank you for your interest in a secondary education with the Grand Erie District School Board. To register a student, the parent/guardian is required to provide information to the school by completing this Registration Form. Ensure that you complete all sections and provide the school with all of the original documentation required, as noted on the form.

Notice of Collection and Use of Personal Information

Information on this Registration Form is collected under the legal authority of the *Education Act* and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* [MFIPPA]. It will be used to establish the *Ontario Student Record* [OSR], and for student and education related purposes, such as registration, administration, communication, data reporting, and Student Transportation Services Brant Haldimand Norfolk. Student information such as name, D.O.B. and contact information is released to the Regional Health Units in accordance with the *Health Protection and Promotions Act* and the *Immunization of School Pupils Act*. Questions or concerns should be directed to the principal of this school or email info@granderie.ca

STUDENT INFORMATION SUMMARY			DATE (MM/DD/YYYY):			
LEGAL LAST NAME			LEGAL FIRST NAME			
PREFERRED (usual) NAME			LEGAL MIDDLE NAME(S)			
BIRTH DATE - MM/DD/YYYY	GENDER Male <input type="radio"/> Female <input type="radio"/> Prefer not to Disclose <input type="radio"/> Prefer to Specify <input type="radio"/>	LIVES WITH: Both Parents <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian <input type="radio"/> Other (specify):		Is there a court order limiting access of one or both parents? Yes <input type="radio"/> No <input type="radio"/> (if yes, provide documentation)		
ADDRESS <small>Apt/Unit House # Full Street Name City/Town Postal Code</small>					HOME PHONE NUMBER	
Please help us to understand special living arrangements (e.g., student does not live with a parent) and/or custody orders by providing details here:						
LEGAL PARENTS and GUARDIANS						
NAME of LEGAL PARENT/GUARDIAN #1			PHONES (indicate Home, Work or Cell)	H	W	C
			MAIN:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADDRESS (if different from student)			2 ND :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>Apt/Unit House # Full Street Name</small>			3 RD :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>City/Town Postal Code</small>			E-MAIL ADDRESS (only if you consent to receive emails from the school):			
NOTES-- PARENT/GUARDIAN #1 If you wish to provide information that will help us to understand the student's family context such as stepparent, common-law spouse						
NAME of LEGAL PARENT/GUARDIAN #2			PHONES (indicate Home, Work or Cell)	H	W	C
			MAIN:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADDRESS (if different from student)			2 ND :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>Apt/Unit House # Full Street Name</small>			3 RD :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>City/Town Postal Code</small>			E-MAIL ADDRESS (only if you consent to receive emails from the school):			
NOTES-- PARENT/GUARDIAN #2 If you wish to provide information that will help us to understand the student's family context such as stepparent, common-law spouse						
NAMES OF SIBLINGS ATTENDING SCHOOLS IN GRAND ERIE who live at the same address as the student						

SCHOOL HISTORY		
DETAILS OF PREVIOUS SCHOOLING Public <input type="radio"/> Catholic <input type="radio"/> Private <input type="radio"/> Home Schooled <input type="radio"/> Out of Province/Country <input type="radio"/>		OEN (Ontario Education Number) if known
LAST SCHOOL ATTENDED		LOCATION
LANGUAGE OF LAST SCHOOL ATTENDED English <input type="radio"/> French <input type="radio"/> English and French <input type="radio"/> Other (Specify):		DATE OF ENTRY TO FIRST SECONDARY SCHOOL – MM/DD/YYYY
Has student attended a Grand Erie school before? Yes <input type="radio"/> No <input type="radio"/>		Is student currently expelled from previous school? Yes <input type="radio"/> No <input type="radio"/>
Was Special Education Programming accessed at the previous school? Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/> If yes, was there an Individual Education Plan (IEP)? Yes <input type="radio"/> No <input type="radio"/> Not Sure <input type="radio"/>		Grade student is entering:
ADDITIONAL INFORMATION (if applicable)		FIRST LANGUAGE SPOKEN
STUDENT LIVES ON: <input type="radio"/> Six Nations of the Grand River <input type="radio"/> Mississaugas of the Credit	SELF-IDENTIFICATION (if applicable) <i>this is voluntary/optional</i> First Nations <input type="radio"/> Métis <input type="radio"/> Inuit <input type="radio"/>	English <input type="radio"/> French <input type="radio"/> Other (specify): Language currently spoken at home:
CITIZENSHIP/STATUS original Citizenship and Immigration documents must be produced if student is new to the Grand Erie District School Board		
Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Refugee Status <input type="radio"/> Study Permit/Visitor Record <input type="radio"/> Diploma Status/Minister's Permit <input type="radio"/> Exchange Student <input type="radio"/> Parent's study Permit <input type="radio"/> Parent's Work Permit <input type="radio"/> Other Status <input type="radio"/> Not Applicable <input type="radio"/>		
COUNTRY OF CITIZENSHIP		DATE OF ENTRY TO CANADA (if applicable) – YYYY/MM/DD
COUNTRY/PROVINCE OF BIRTH		PREVIOUS PROVINCE/COUNTRY OF RESIDENCE
EMERGENCY CONTACT/MEDICAL INFORMATION		
Does student have a condition that could lead to anaphylactic shock? Yes <input type="radio"/> No <input type="radio"/> if yes, please provide medical information/documentation		
Please provide medical information/documentation that the school needs to be aware of:		
EMERGENCY CONTACT (other than parent/guardian)	RELATIONSHIP	PHONE
I have obtained the consent of the person(s) listed above to have their name and telephone number used for emergency purposes Yes <input type="radio"/>		

PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION

Media Consent: I give permission for my child's personal information (e.g., picture, video, name, school work) to appear on school websites, on the board's social media outlets such as its YouTube channel, Facebook, Twitter account and in school-related stories in the newspaper, school or board brochures, student produced online newspapers and reports on websites. I understand that by consenting, my child's photo, video, school work, and/or name could be used in a way that makes it accessible to the public. **Yes No**

Consent to Receive School Emails: Canada has implemented Anti-Spam legislation which requires us to have your consent to send you emails with content related to "commercial activity" such as information on yearbook sales, school fundraisers, field trips, student pictures, books, dance tickets, etc. If you wish to receive these emails, please indicate that here. You may withdraw your consent at any time by contacting the school. **Yes No**

For Students Residing on Six Nations of the Grand River: I give permission for student achievement information (e.g., name, grade, achievement) to be provided to elementary schools that the student attended for the purpose of improving elementary programming. **Yes No**

I understand that student personal information (e.g., name, D.O.B.) and achievement data is released by the board to Indigenous Services Canada in order to fulfil our agreements with respective Bands. **Yes**

For Students Residing on the Mississaugas of the Credit First Nation (MCFN): I give permission for student information (e.g., name, grades, attendance, discipline, IEPs, IPRC notices and decisions, etc.) to be provided to the MCFN Education Director in confidence to help MCFN support its young people. **Yes No**

I authorize MCFN to initiate/attend IPRC reviews/meetings to advocate for better student supports. **Yes No**
Authorization may be revoked at any time in writing by letter or email.

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform the school immediately of any changes to the information contained on this form.

SIGNATURE OF PARENT/GUARDIAN or STUDENT IF 18 YRS OR OLDER:

DATE

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