



ELEMENTARY 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 an elementary 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.

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

SCHOOL START DATE: _____

STUDENT INFORMATION SUMMARY		[OFFICE: DOB Verification document: _____]	
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"/>	LIVES WITH: Both Parents <input type="radio"/> Other (specify): Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian <input type="radio"/>	Is there a court order limiting access of a parent(s) or others? Yes <input type="radio"/> No <input type="radio"/> (if yes, provide documentation)
ADDRESS			HOME PHONE NUMBER
<small>Apt/Unit</small>	<small>House #</small>	<small>Full Street Name</small>	<small>City/Town</small>
<small>Postal Code</small>			<small>Postal Code</small>
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 H ome, W ork or C ell)	
ADDRESS (if different from student)		MAIN: <input type="radio"/> <input type="radio"/> <input type="radio"/>	
<small>Apt/Unit</small> <small>House #</small> <small>Full Street Name</small>		2 ND : <input type="radio"/> <input type="radio"/> <input type="radio"/>	
<small>City/Town</small> <small>Postal Code</small>		3 RD : <input type="radio"/> <input type="radio"/> <input type="radio"/>	
		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 step-parent, common-law spouse			
NAME of LEGAL PARENT/GUARDIAN #2		PHONES (indicate H ome, W ork or C ell)	
ADDRESS (if different from student)		MAIN: <input type="radio"/> <input type="radio"/> <input type="radio"/>	
<small>Apt/Unit</small> <small>House #</small> <small>Full Street Name</small>		2 ND : <input type="radio"/> <input type="radio"/> <input type="radio"/>	
<small>City/Town</small> <small>Postal Code</small>		3 RD : <input type="radio"/> <input type="radio"/> <input type="radio"/>	
		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 step-parent, 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 ELEMENTARY SCHOOL - DD/MM/YYYY
Has student attended a GEDSB school before? Yes <input type="radio"/> No <input type="radio"/> Not Sure <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:
CITIZENSHIP <small>original Citizenship and Immigration documents must be produced if student is new to Canada</small>	
Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Refugee Status <input type="radio"/> Visa Student <input type="radio"/> Other Visa <input type="radio"/> None of these <input type="radio"/>	
COUNTRY OF CITIZENSHIP	DATE OF ENTRY TO CANADA (if applicable) - DD/MM/YYYY
COUNTRY/PROVINCE OF BIRTH	PREVIOUS PROVINCE/COUNTRY OF RESIDENCE
FIRST LANGUAGE SPOKEN: English <input type="radio"/> French <input type="radio"/> Other (specify):	LANGUAGE CURRENTLY SPOKEN AT HOME
EMERGENCY CONTACT and MEDICAL INFORMATION [OFFICE: ANA Reaction Med Form <input type="checkbox"/> Med.Admin Form <input type="checkbox"/>	
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)	can pick up student: Yes <input type="radio"/> No <input type="radio"/>
	RELATIONSHIP
	PHONE(S)
EMERGENCY CONTACT (other than parent/guardian)	can pick up student: Yes <input type="radio"/> No <input type="radio"/>
	RELATIONSHIP
	PHONE(S)
EMERGENCY CONTACT (other than parent/guardian)	can pick up student: Yes <input type="radio"/> No <input type="radio"/>
	RELATIONSHIP
	PHONE(S)
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"/>	
TRANSPORTATION INFORMATION [OFFICE: Bus Request Form <input type="checkbox"/> JK Contract Form <input type="checkbox"/> Transportation Life-Threatening Mgmt Form <input type="checkbox"/>	
STUDENT WALKS <input type="radio"/> IS DRIVEN <input type="radio"/> TAKES THE BUS <input type="radio"/>	
ADDITIONAL INFORMATION (if applicable)	
SELF-IDENTIFICATION <i>this is voluntary/optional</i> First Nations <input type="radio"/> Métis <input type="radio"/> Inuit <input type="radio"/>	LUNCH BREAKS It is important that we know where your children are. Students who eat at school must provide a signed, dated note with your consent to leave school property during breaks. Please indicate whether your child : WILL be eating at school <input type="radio"/> WILL NOT be eating at school <input type="radio"/>

OFFICE: Computer use form Junior/Intermediate Technology form
 Accident Insurance: declined/none have purchased purchased comparable (specify carrier):

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 school fundraisers, field trips, student pictures, books, hot lunches and milk sales, 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**

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:	DATE: