



**GRAND ERIE DISTRICT SCHOOL BOARD
STUDENT REGISTRATION FORM — ELEMENTARY**

SCHOOL _____

DATE OF ENROLMENT
AT SCHOOL _____

SCHOOL
YEAR _____

USE OF INFORMATION

1. The *Education Act* authorizes the Grand Erie District School Board to collect information contained in this section of the Registration Form about each student registering in its schools. The information will be used to establish an Office Index Card (if one does not exist) and to establish or request transfer of the Ontario Student Record (OSR) for the student. Users of this information are supervisory officers, the principal and teachers at the school.
2. Each parent/guardian of a student who is under 18 years of age and each student is entitled to see and have copies of materials maintained in the student's OSR. This can be done by appointment during normal business hours at the school.
3. Please advise the principal, in writing, if you wish the student to be called by other than his/her legal surname.
4. As authorized by Ontario School Information System (ONSIS) and Managing Information for Student Achievement (MISA), your child's standardized test scores, test and exam marks, and other relevant information will be placed in a database. The purpose of this application is to gather and centralize more accurate and reliable data to be used by your child's teacher(s) and other authorized Grand Erie DSB staff to assist your child in his/her educational experience, and to increase both provincial and local capacity to use data and information for evidence-informed decision-making to improve student achievement. In keeping with the Ministry of Education's focus on the kindergarten to grade 12 educational continuum, relevant student data related to achievement will be shared between the elementary and secondary panels for purposes of informing instructional practice such that the teachers who teach your child now will be informed of future achievement benchmarks as their class progresses through secondary school.
5. Some information contained on this Registration Form will be shared with the Medical Officer of Health as outlined in the *Education Act* and the *Immunization of School Pupils Act*.
6. Personal information obtained through video surveillance either in Board buildings or on transportation vehicles contracted by the Board is collected under the authority of the *Education Act* and will be used for the purpose of monitoring the behaviour of students, for safety reasons, to prevent acts of vandalism, and to aid in the identification of persons breaking the law. Users of this information, when appropriate and necessary, are: in school buildings and on school transportation vehicles — the Principal of the School, and the relevant student and parent/guardian; on school transportation vehicles — the driver and the Supervisor of Transportation. Questions about the collection of any personal information on this form should be directed to the principal of the school.
7. All personal information collected regarding your child is protected under the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

PLEASE NOTIFY THE SCHOOL PROMPTLY IF ANY OF THIS INFORMATION CHANGES.

STUDENT INFORMATION

Surname		First Name	Middle Name(s)
Legal Surname		Usual Name	
Birth Date: Month	Day	Year	Grade
Citizenship Verification: Canadian Birth Certificate <input type="checkbox"/>		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Specify Other _____
		Year of Entry in Canada _____	mm/dd/yyyy
Medical Conditions or Health Information (Allergies, Medication, Health Problems, Restricted Activities)			

STUDENT RESIDENCE INFORMATION (Please fill in as many boxes as you know)

ADDRESS	House or 911 No.	Apt./Unit#	Street or Road Name		
Phone No. (incl area code) ()	Postal Code	R.R.#	P.O. Box	City/Town	County
Public School Supporter	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, must complete a Direction of School Support Form. (Available from school.)				

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN	MOTHER <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>	FATHER/GUARDIAN	FATHER <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>
Name			Name		
Address (if different than above)			Address (if different than above)		
Telephone (if different than above)			Telephone (if different than above)		
Workplace		Telephone	Workplace		Telephone
Special Custody <input type="checkbox"/> Yes <input type="checkbox"/> No		Custodian:	Lives With:		
Source of Verification of Custody/Guardianship/Access Provisions (copy of legal documentation must be filed in OSR):					

PREVIOUS SCHOOL INFORMATION

School	Grade/Placement
Are you currently expelled from your previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Date _____

Signature of Parents/Guardians _____