



# Student Registration Form

(Confidential)

School Year  
**2019-20**

Thunder Bay Catholic  
District School Board

School: \_\_\_\_\_

## Student's Legal Name:

\_\_\_\_\_  
Last Name First Name Middle Name

## Student's Preferred Name: *If different from legal name*

\_\_\_\_\_  
Preferred Last Name Preferred First Name Preferred Middle Name

Grade: \_\_\_\_\_ Gender:  Male  Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month Day

Proof of Birth:  Birth Certificate  Baptismal Certificate  Passport  Other: \_\_\_\_\_

## Home Address:

\_\_\_\_\_  
Number/Street Unit # City/Township Postal Code

Proof of Residency:  Utility Bill  Driver's License  Property Tax  Other: \_\_\_\_\_

## Mailing Address: *If different from above*

\_\_\_\_\_  
Number/Street Unit # City/Township Postal Code

Home Phone Number: Listed  Unlisted

## PARENT / GUARDIAN INFORMATION *Specify last name if different from student's (If deceased enter date)*

Father \_\_\_\_\_ Employer \_\_\_\_\_ Catholic  Yes  No

Home Address: *Specify address only if different from above*

\_\_\_\_\_  
Number/Street Unit # City/Township Postal Code

Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ *NOTE: May be used to send school related information to you*

Mother \_\_\_\_\_ Employer \_\_\_\_\_ Catholic  Yes  No

Home Address: *Specify address only if different from above*

\_\_\_\_\_  
Number/Street Unit # City/Township Postal Code

Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ *NOTE: May be used to send school related information to you*

Guardian \_\_\_\_\_ Employer \_\_\_\_\_ Catholic  Yes  No

Home Address: *Specify address only if different from above*

\_\_\_\_\_  
Number/Street Unit # City/Township Postal Code

Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ *NOTE: May be used to send school related information to you*

## Daytime Childcare Provider

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

TRANSPORTATION REQUIRED  YES  NO

## Bussing Information *(To be completed by School)*

Pick-up Bus Code and/or Address

Drop-off Bus Code and/or Address

**CUSTODY INFORMATION** (If Applicable)

Custody Papers on File with the School:  Yes  No

Legal Custody with \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Restrictions  Yes  No - Specify Type: **(Schools must have custody papers on file to enforce restrictions)**

**MEDICAL ALERT INFORMATION** / Disability / Allergies / Conditions of which the school should be aware:

Student has been **diagnosed** with an anaphylactic condition and an **Extreme Allergy Prevention, Management and Emergency Action Plan** is required.  This medical information is important and must be given to bus driver.

Doctor's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**PREVIOUS SCHOOL OR LICENSED CHILDCARE FACILITY**

School / Childcare Facility: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City/Township Province /State Country

**TO OBTAIN INFORMATION**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(parent/guardian) (agency/institution releasing information)

to release information concerning \_\_\_\_\_  
(student)

to \_\_\_\_\_ of the Thunder Bay Catholic District School Board.  
(requested by)

\_\_\_\_\_  
Date Signature of Parent/Guardian

**CITIZENSHIP**

Student's Birth Place \_\_\_\_\_  
City/Township Province /State Country

If student was born outside of Canada indicate date student arrived in Ontario/Canada: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Country of last residence: \_\_\_\_\_

**Status in Canada**

Canadian Citizen  Refugee  With Parent(s) who have Work or Study Visa  Other (please specify): \_\_\_\_\_  
 Landed Immigrant  Exchange Student  Student Visa

Documents verified:  Passport  Permanent Resident Card/Confirmation  Study Permit  Visitor Record  Convention of Refugee  Other (Please specify): \_\_\_\_\_

*For Students who arrived from outside of Canada, please provide a copy of the student's immigration papers, such as a Passport or Record of Landing.*

**HOME LANGUAGE**

First Language spoken by student (please indicate if not English): \_\_\_\_\_  
Language(s) spoken at home: \_\_\_\_\_

**RELIGION**

Roman Catholic  Yes  No (Roman Catholic includes a member of a Greek, Ukrainian or any Eastern Rite Catholic Church in union with the See of Rome)

Current Parish: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Eucharist  Confirmation

Student's Name \_\_\_\_\_

### INDIGENOUS SELF-IDENTIFICATION

All parents/guardians of Indigenous students, and students where they are 18 years or older, have the right to voluntarily self-identify. Self-identification information provides us the ability to: enhance support programming, improve student success, promote equal opportunity, establish and maintain positive relationships with our Indigenous community.

Reporting is voluntary. If you wish to declare that your child is of Indigenous Ancestry, please indicate one of the following:

First Nation (Status, Non-Status)       Métis       Inuit

Is the student under a Tuition Agreement       Yes       No

Band Name: \_\_\_\_\_

Band Address: \_\_\_\_\_

### SIBLINGS IN THIS SCHOOL *If the student has brothers or sisters in **this** school, please indicate*

Last name

First Name

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### EMERGENCY SCHOOL CLOSURE *Complete ONLY ONE of the following - Plan #1 OR Plan #2 OR Plan #3*

- PLAN #1:** Put my child on his/her **REGULAR** bus
- My child has access to our home; **AND/OR**
- Will go to a neighbour's home if I am not home. *(The neighbour is aware of this arrangement)*

Neighbour's Name

Address

Phone #

- PLAN #2:** My child may **walk** from the school to:
- Home; **AND/OR**
- The following address. *(The person named below is aware of this arrangement)*

Name

Address

Phone #

- PLAN #3:** My child will be picked up at the school.
- (This option is only available if your child does not walk or have a regular bus.)**

### EMERGENCY CONTACTS

In case of an ACCIDENT OR SERIOUS ILLNESS,  
the parent/guardian who should be contacted **FIRST**

Parent/Guardian

Phone #

If neither parent/guardian can be contacted, this person has  
my authority to take my child to the hospital:

Name

Contact Phone #

Relationship to Child

I authorize the Principal/Designate to transport my child to the hospital.       YES       NO

**Other Emergency Contact**      Name

Relationship to Child

Contact Phone

**DIRECTION OF SCHOOL SUPPORT**

It is important that Catholic ratepayers continue to declare themselves as separate school supporters in order to ensure that the Province has a record of their support for the Catholic school system. Catholic ratepayers must also declare themselves to be Catholic and separate school electors in order to cast a vote in the election of separate school trustees in municipal elections. If you are not a registered Catholic school supporter, please complete the appropriate forms available at the school office.

If you have moved you must complete an Application for Direction of School Support.

**Your tax support DOES NOT automatically follow when you relocate.**

**English Separate Support:**     Yes     No     I require an Application for Direction of School Support

**Consent Form for Using Student's Personal Information**

**Information Release**

Our student's safety and well being is a key priority for us and we all have a role to play to safeguard your child's privacy and identity. In order for the school to release personal information, we must comply with the provisions of the Municipal Freedom of Information and Protection of Privacy Act. Please read carefully.

**Permission for School to Release Personal Information for Specific Purposes**

Under certain circumstances students and student work/achievements may be profiled or displayed either within the school environment or used for external purposes. In these circumstances the following consent must be received from parents/guardians.

The School is permitted to use this student's personal information (name, photograph, image, description, voice recording) for uses described below:

- Display and/or publish details of achievement for recognition and affirmation purposes within the school or school board (e.g. school newsletter, yearbook)
- Communication material (news releases, backgrounders) that may be released to the media
- Advertising or promotional materials concerning the school or Board
- Participation in an event where representatives of the media may be present (e.g. sporting events, community service projects)

YES  
 NO

**Website Participation**

To promote the educational activities which occur within the school, information is posted on the school/Board website. At times, this may include student work samples, student art work or group photos of teams, drama productions, and field trips. This is a celebration of school events, but we realize this site provides an unparalleled link to the world. Please read and complete the following consent information.

My child's work or art work **may be** posted on the school's/Board's website, identified by **first name only** AND his/her image **can be** included as part of a group photo, identified with a 'group caption' but with no individual names identified.

YES  
 NO

I certify that the information provided on this form is true and correct. I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible. I also give my consent to forward any or all of this information to School Board officials.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notice to Parents - Collection of Information**

*Student personal information is collected during registration and while attending school pursuant to the Education Act. It will be used by Board employees for planning and programming, school to home communications, and to establish the Ontario Student Record which contains information conducive to the improvement of instruction. Pertinent data will be shared with the Student Transportation Services of Thunder Bay (STSTB) as necessary. Limited information may be disclosed beyond the Board's purposes such as yearbooks, student ID cards and accident information to the Board's insurer. Questions about the information collected on this form should be directed to the Principal of the school.*