



Bruce-Grey Catholic District School Board

799 - 16th Ave., Hanover, Ont. N4N 3A1
(Tel) 519-364-5820 (Fax) 519-364-5882

OFFICE USE ONLY

Student OEN:	Start Date:
Teacher:	Start Date:
OSR Requested:	OSR Received:
Bus Route:	
Posted to Maplewood by:	Date:

Student Registration Form

School:

First Time Registration Address Change Bus Route Change Effective Date

STUDENT INFORMATION

School Year:

Legal Surname	First Name	Gender	Year	Date of Birth			Grade	Fr. Imm.?	
				Month	Day			Y	N
				/		/		Y	N
				/		/		Y	N
				/		/		Y	N
				/		/		Y	N

If child is entering Kindergarten, did you register your child at the Let's Learn Kindergarten Registration Clinic? Y N

GUARDIAN

<u>Custody:</u>	Both Parents	Mother	Father	Legal Guardian	Other
<u>Lives With:</u>	Both Parents	Mother Only	Father Only	Legal Guardian	Other

ADDRESS

Home/Civic (911) Address House # Street Municipality

Mailing Address Street Address or Box Number Town Postal Code

Telephone Home Business Mom Dad

Email

I agree that I am willing to receive electronic messages from my child's school or from the Bruce-Grey CDSB. Yes

PARENT(S) OR LEGAL GUARDIAN(S)

Surname (Father): First Name: Religion:

Surname (Mother): First Name: Religion:

SCHOOL BUS INFORMATION

Is Busing Required?
Yes No

To request transportation for either a joint custody situation or from a sitter's address, please complete an "Alternative Transportation Permission Form". Forms are available at the school office.

ADMISSION PROCEDURE (for ALL registration or change of address)

Please indicate nature of registration: (See policy for attachments required)

- Catholic Student - Catholic Parent(s)/Guardian(s)
- Catholic Student - Non-Catholic Parent(s)/Guardian(s)
- Non-Catholic Student - Catholic Parent(s)/Guardian(s)
- Non-Catholic Student - Non-Catholic Parent(s)/Guardian(s)
- First Nation Student Living on Reserve
 - Saugeen
 - Cape Croker

School Official Signature: _____
Date: _____

Name of Former School/Address:

Has this student previously attended a school in Ontario?
Name of School:

Has this student previously attended a school within the Bruce-Grey Catholic District School Board?
Name of School:

Will you have children attending another school?
If so, who and where?

Student Grade School

DISTRIBUTION: Copy/Fax ~ Both Sides - Catholic Education Centre
Original - School

EXAMINED BY

Transportation Director Assessment **OVER**

VOLUNTARY, ABORIGINAL SELF-IDENTIFICATION

All parents/guardians of students of aboriginal ancestry, and students where they are 18 years or older, have the right to voluntarily self-identify. By self-identifying, you help us to monitor the success of the programs and services we offer, and identify ways we can support aboriginal students so that they meet with success. (Please see Board Policy, First Nation, Metis and Inuit Voluntary Self-Identification, for additional information.)

To be completed by parents or students age 18 or older:

Are you a student of Aboriginal ancestry? First Nation Metis Inuit No FNMI Affiliation

CITIZENSHIP

Canadian Citizen Yes No

If child was born in Canada, please indicate in which province:

For student not born in Canada:

Citizenship First Language Country of Birth Date of Entry to Canada

Is Student participating in an Educational Exchange? No Yes Canadian Education Exchange Foundation
Rotary Club
Other please specify

SCHOOL OFFICIAL TO EXAMINE

Proof of Age: Birth Certificate or Other Proof of Residency: (i.e. Tax Bill / Utilities Bill/ Proof of Purchase/
Proof of Custody: (if applicable) Rental Agreement / Bank Statement)
(File copy in OSR)

Catholic Baptismal Certificate: Parish:
(File copy in OSR) YYYY/MM/DD

Is your tax support designated to the Catholic School Board? Y N
If YES, provide proof of Catholic School Support (i.e. Property Assessment Notice)
If NO, complete an Application for Direction of School Support Form

INTERVIEWS COMPLETED BY Principal Director of Education

ADDITIONAL INFORMATION

Name of Family Physician Physician's Telephone #
Special Health Information:

Special Education Needs:

Special Equipment Required

INFORMATION RELEASE

- I have read and returned the Board's "Notice of the Collection and Use of Student Personal Information". Y N
- I give permission for my name and phone number to be shared with a phone committee to facilitate early school dismissal, student excursions and other school related activities. Y N
- Teachers may wish to take a class on walking excursions in the vicinity of the school. Walking excursions are carefully planned and supervised. The length of the excursion and amount of supervision required is determined by the grade level of students. I give permission for my child to take part in such walking excursions. Y N

The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Bruce-Grey Catholic District School Board under the authority of the Education Act and regulations as amended. The information will be used to register the student in a school, as well as for a consistent purpose such as the allocation of staff and resources and to share information with employees to carry out their job duties. In addition, the information may be used for matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. For questions about this collection, contact the principal of the school.

PARENT/GUARDIAN SIGNATURE: _____

DATE: