



# GREATER ESSEX COUNTY DISTRICT SCHOOL BOARD

## Secondary School Student Registration Form



<b>Out of District</b>	Y	N	Approved:	Y	N	District School:
Last School Attended:	City:			Province:		
Student Number:	OSR			French Immersion		
Admission Date (yyyy/mm/dd)	/		School Fees Owing	Paid		Grade
Transcript	Transfer Form		HomeRoom			

**STUDENT INFORMATION**

Have you ever attended this school before? Yes  No

Legal Last Name: \_\_\_\_\_

Legal Given Names: \_\_\_\_\_

Common Last Name: \_\_\_\_\_ Common Given Names: \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Unlisted  No phone

Birthdate (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender  M  F  Other

Have you ever attended a school within GECDSB? \_\_\_\_\_ Ontario? \_\_\_\_\_ Did you attend Gr 9 in Ontario? \_\_\_\_\_

If yes, which school, if different from last school attended: \_\_\_\_\_ Gr. 8 School: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Custody: Joint <input type="checkbox"/>	Lives With: Both Parents <input type="checkbox"/>	If Custody is not joint: Court Order <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Mother <input type="checkbox"/>	Mother <input type="checkbox"/>	Copy Received <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Father <input type="checkbox"/>	Father <input type="checkbox"/>	Transportation Eligible <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Grandparent(s) <input type="checkbox"/>	Shared (alternate basis) <input type="checkbox"/>	Transportation Requested <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Guardian <input type="checkbox"/>	Father & Stepmother <input type="checkbox"/>	
Exclusive/Self <input type="checkbox"/>	Mother & Stepfather <input type="checkbox"/>	
CAS <input type="checkbox"/>	Guardian <input type="checkbox"/>	
Sibling <input type="checkbox"/>	Exclusive/Self <input type="checkbox"/>	
	Step Parent <input type="checkbox"/>	
	Other <input type="checkbox"/>	

**PROOF OF RESIDENCY DOCUMENT MUST BE SHOWN AT TIME OF REGISTRATION**

**Parent/Guardian 1:** Name: \_\_\_\_\_ Dr/Mr/Mrs/Ms/Miss \_\_\_\_\_

or Self Apt No \_\_\_\_\_ House No \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Address Type (office use) Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home  Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**RESIDENCY DOCUMENT:** (2 recent documents)

Property Tax Bill <input type="checkbox"/>	Utility Bill <input type="checkbox"/>	Income Tax Assessment <input type="checkbox"/>
Home Insurance Policy <input type="checkbox"/>	Cable Bill <input type="checkbox"/>	Offer to Purchase within 90 days <input type="checkbox"/>
Bank Statement <input type="checkbox"/>	Valid Ontario Driver's License (not temp) <input type="checkbox"/>	
Mortgage, rental or lease agreement with official receipt <input type="checkbox"/>		

Same as above  Y  N

**Parent/Guardian 2:** Name: \_\_\_\_\_ Dr/Mr/Mrs/Ms/Miss \_\_\_\_\_

Address Type (office use) Apt No \_\_\_\_\_ House No \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

2nd Report  Primary Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Self  Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**CONTACT 3**

Contact:	C.A.S	<input type="checkbox"/>	Step Parent	<input type="checkbox"/>	Last Name	_____
	Emergency	<input type="checkbox"/>	Friend of Parent	<input type="checkbox"/>	Given Name	_____
			Grandfather	<input type="checkbox"/>	Employer	_____
			Grandmother	<input type="checkbox"/>	Home	_____
			Neighbour	<input type="checkbox"/>	Other	_____
			Aunt	<input type="checkbox"/>		
			Uncle	<input type="checkbox"/>		
			Other	<input type="checkbox"/>		

**CONTACT 4**

Contact:	C.A.S	<input type="checkbox"/>	Step Parent	<input type="checkbox"/>	Last Name	_____
	Emergency	<input type="checkbox"/>	Friend of Parent	<input type="checkbox"/>	Given Name	_____
			Grandfather	<input type="checkbox"/>	Employer	_____
			Grandmother	<input type="checkbox"/>	Home	_____
			Neighbour	<input type="checkbox"/>	Other	_____
			Aunt	<input type="checkbox"/>		
			Uncle	<input type="checkbox"/>		
			Other	<input type="checkbox"/>		

**MEDICAL INFORMATION**

Does your child have an EPI-PEN?  Y  N

Written permission received to administer EPI-PEN  Y  N

If yes, list allergy(ies) \_\_\_\_\_

Special Instructions or other medical conditions \_\_\_\_\_

**Self ID**

<input type="checkbox"/>	2	First Nations
<input type="checkbox"/>	3	Metis
<input type="checkbox"/>	4	Inuit

**Office Use Only**

Ontario Information (Required by Ministry)	Board Status	<input type="checkbox"/>	B Pupil of the Board
Status in Canada	<input type="checkbox"/>	<input type="checkbox"/>	G Govt of Canada
<input type="checkbox"/>	1	<input type="checkbox"/>	I Independent Study
<input type="checkbox"/>	3	<input type="checkbox"/>	N Native Student
<input type="checkbox"/>	4	<input type="checkbox"/>	O Other Student
<input type="checkbox"/>	5	<input type="checkbox"/>	V Student on Visa
<input type="checkbox"/>	6		
<input type="checkbox"/>	7		

**IF NOT BORN IN CANADA BOARD SB20E-ESL ELIGIBILITY FORM MUST BE COMPLETED  
(To determine tuition and exemption use PUPIL ELIGIBILITY FOR TEMPORARY RESIDENT)**

Source Document: Birth Certificate	<input type="checkbox"/>	OR	<input type="checkbox"/>
Authority Expiration Date (yyyy/mm/dd)			Country of Citizenship Other Than Canada (800)
Birth Country other than Canada (800):			
Entry to Canada (yyyy/mm/dd)	From:	If Born in Canada, which Province	
First Language Other than English (01)			Entered from which Province
Instruction Language	<input type="checkbox"/>	E-English	<input type="checkbox"/>
Language of Correspondence	<input type="checkbox"/>	1-English	<input type="checkbox"/>
Previous Instruction Language	<input type="checkbox"/>	E-English	<input type="checkbox"/>
French Immersion	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No

**Signature of Parent/  
Guardian or Self if over 18**

**Date**

This information is collected pursuant to the Greater Essex County District School Board Privacy Policy and Regulation HR-14 as set out in the Education Act and its regulations. This information will become part of the Ontario Student Record (OSR) and opportunities will be provided to update this information annually. This information is collected for educational, transportation and safety purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989 and Canada's Anti Spam Legislation 2014. If you have provided your email address(es) above, you consent to receive digital communication from GECDSDB that may include messages of commercial nature. You may withdraw consent any time at <https://casl.publicboard.ca/>. Select information will be shared as required and will be used for educational purposes for planning and programming, and to assist with transitions into secondary school. Any questions with respect to this information should be directed to the Principal of the school in which the student is applying and or registered.