

SECONDARY STUDENT REGISTRATION FORM **CONFIDENTIAL**

Personal information on this form is collected under the authority of the Education Act, and will be used for the Ontario Student Record, Transportation Services and for administrative purposes. Questions about this collection should be directed to the Student Information and Administrative Services Department, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1 (905) 735-0240

SCHOOL USE ONLY							
School Name & No.		Grade Level		Class/Home Room			Date Month Day Year
Form Verified By (Secretary)		Form Approved by (Principal)			Initial	Verified Proof of Address	
Initial Verified Baptismal Certificate & Birth Certificate		Initial Verified Confidential Student Immunization Form Completed & Copy of Immunization Record Attached			Initial Verifie	d Completion of Consent Form	
Verified Application for Direction of School Support Form Completed Processing School Support Form Completed Received (if approximately support Fo				for Admiss	ion Form	Initial Verifie	ed OEN data on OEN site
Legal Surname		Given Name			Midd	lle Name(s)	
Prefered Surname		Usual Name					
Birthdate Month	Day	Year	Gen	der	Male		Female
Grade Level at Previous School Pre	vious School Nar	me	Prev	ious Schoo	I Address		
Has Your Child Previously attended a Niagara Catholic School ? No Yes If yes, name of school(s)							
Does this student have any sibling(s) attending this school?	□ No □		lease name th	em:			
Student Address		Street Number & Name					Apart./Unit No.
City		Province		stal Code		P	ural Route .O. Box
Home Phone ()	Unlisted	Student Email address	;		Tow	nship/Municipali	ty to whom Property Taxes are paid
IPRC Information Has this student been declared "exception	nal" through an Ide	entification Placement and				Yes No	
If Yes, please specify:	1		Is stu	dent on an I	EP? Y	es No	
Does the student have a Special Custody arrangement? No Yes							
If yes, who has legal custody? Both Parents Mother Father Legal Guardian Other							
Student Lives With Who Has Been Granted Legal Access?							
FAMILY /CONTACTS							
1. Parent/Guardian's Surname			Given Name	!		Mrs.	Ms. Miss Mr. Dr.
Relationship to student	Emergency	y Contact Order (Please	select order pr	eference)		_ 1 _] 2
Employer			Work	Phone ()	•	Ex	t.
Home Phone ()	Unlisted	Cell Phone ()	+		Email address		
Parent/Guardian's Address (if different from stu	dent)	Street Number & Name					Apart./Unit No.
City		Province	Posta	Il Code			ural Route O. Box
2.Parent/Guardian's Surname			Given Na	ame		Mrs.	Ms. Miss Mr. Dr.
Relationship to student	Emergeno	cy Contact Order (Please	select order p	reference)			2 3 4
Employer	1		Work	Phone ()	Ext	t.
Home Phone ()	Unlisted	Cell Phone ()			Email address		
Parent/Guardian's Address (if different from student) Street Number & Name Apart./Unit No.							
City		Province	Posta	Il Code			ral Route O. Box
		II. DMG 5 CAC CA					

EMERGENCY	Individuals to be contact	cted in the event the parent/guard	ian cannot be reached				
1. Emergency Contact Surname:		Given Name:	Mrs. Ms. Miss Mr. Dr.				
Relationship to Student:	Emergency Contact Order (Plea	ase select order preference)	1 2 3 4				
Home Phone:	Cell Phone:	Email:					
Address (if different from student) Street No.	Apartment/Unit No:						
City:	Rural Route P.O Box:						
Emergency Contact Surname:		Given Name:	Mrs. Ms. Miss Mr. Dr.				
Relationship to Student:	ease select order preference)	1 2 3 4					
Home Phone:	Cell Phone:	,	Email:				
Address (if different from student) Stre	eet Number & Name:		Apartment/Unit No:				
City:	Province:	Postal Code:	Rural Route P.O Box:				
Sitter Surname:		Given Name:	Mrs. Ms. Miss Mr. Dr.				
Home Phone:	Cell Phone:		Email:				
Address:			Apartment/Unit No:				
City:	Province:	Postal Code:	Rural Route P.O Box:				
If school closed due to inclement weather or other emergency, please check name of one individual to be contacted:							
1. Parent/Guardian	2. Parent/Guardian	1. Emergency Contact 2. Em	ergency Contact Sitter				
Doctor's Name			Health Card #:				
HEALTH Has your child had any ongoing health probl	and at annuary DI FACE CLIFON						
Ear Infections Blind/Low Vision Food Allergies Wheelchair Deaf/Hard of Hearing Wears Glasses Insect Sting Allergies Walker Wears Hearing Aid Diabetes Asthma Crutches Heart Trouble Convulsions Other Allergies Service Animal Epinephrine Autoinjector Yes No Anaphylactic Does your child have any other medical problems or special education needs of which the classroom teacher/school nurse or transportation provider should be aware? YES NO If YES, describe in detail							
ENROLMENT							
Student's Country of Birth	Date En	ntered Canada First Language Spoken a					
Citizenship		Other	□ Yes □ No Proof of Citizenship Verified				
	ent Resident Refugee Stat	us (specify)	⊥ Yes □ No				
Voluntary First Nation, Métis and Inuit Student First Nation Métis	of Privacy Act.	n is collected in accordance with Municipal Freedom of Information The information provided will help the Ministry, school boards and allocate resources for First Nation, Metis and Inuit student success	schools develop				
Student born in Canada - Province of Birth	programs and a	inocate resources for a first realion, frieds and findit stade it success	Verified Province of Birth ☐ Yes ☐ No				
Proof of Birth Date Birth Certificate	Baptismal Certificate [Passport Other	Proof of Birth Date Verified				
Student's Religion	Name of Parish	Address of Parish	□ Yes □ No Baptismal Certificate Verified				
Mother's Religion		Address of Parish	□Yes □ No				
	Name of Parish		Baptismal Certificate Verified (if necessary) □Yes □ No				
Father's Religion	Name of Parish	Address of Parish	Baptismal Certificate Verified (If necessary) □ Yes □ No				
TRANSPORTATION TO BE COMPLETED BY SCHOOL SECRETARY Eligible for Bus Transportation? Yes No Confirm 4 Character Township Code Entered in Maplewood							
Pick up Location (Inbound)							
CERTIFICATION This is to certify that the information provided in this form is complete and correct.							
This is to certify that the information provided in this form is complete and correct.							
Parent / Guard	dian Signature		Date				

SECONDARY STUDENT REGISTRATION FORM

Parents/Guardians are asked to read and sign the consent form.

I support that my son's/daughter's registral predicated upon my support for the values School Board, my support of the Policies Board, and my support of the Religious corequired to successfully complete a religion in high school from Grades 9 to 12, partic requirements of the Ontario Catholic School District School Board, in order to fully particles.	s and philosophy of the Niagar and Guidelines of the Niagara elebrations and activities in the ous education credit course for ipate in Religious celebration ool Graduate Expectations and	ara Catholic District a Catholic District School as school. All students are are each year of enrolment as and activities, fulfill the d the Niagara Catholic
I also give permission for my son/daughte this permission, a letter will be sent to the		ar activities. If I withdraw
I further understand that it is the recomme my responsibility, to enroll my son/daugh not to purchase the insurance, I carry adec	ter in the Student Accident In	surance Plan. If I choose
I hereby grant permission for school office school activities or to the hospital in the c	•	
I give permission for my son's/daughter's student name, photo, video image, audio r for school, Board or media publications as in writing before the first day of school.	record and/or accomplishmen	ts is not to be permitted
I consent to receive electronic/phone comfundraising purposes.	munications from the school/	Board which may be for
Please contact the school Principal if there	e are any questions or concern	ns.
Parent/Guardian (Print) Parent/Guardian	ardian (Signature)	Date

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