

## SCHOOL REGISTRATION FORM

### STUDENT INFORMATION

Student's Legal <u>Last</u> Name							
Student's Legal <u>First</u> Name				Preferred first name			
Date of Birth	_ _ _ _ / _ _ / _ _ yyyy / mm / dd	Age		Grade		Sex	
Home/Residence Address	Street/ Apt / City			Postal Code			
First Language of Student				Language Spoken at Home			
Country of Child's Birth				If born outside of Canada Child's Year of Entry into Canada			
<b>Voluntary and Confidential Self Identification:</b> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> First Nations <input type="checkbox"/>							

### PARENT/GUARDIAN INFORMATION – For emergency purposes please indicate who to contact first

Parent/Guardian Names	<b>Parent 1 ( Primary Contact)</b>	<b>Parent 2</b>
	Last name, First name	Last name, First name
Home Address (if different from student's)		
Home Phone		
Business Phone		
Cell Phone		

**With whom does the child reside:** \_\_\_\_\_

**Custody:** Both parents  Joint/shared  Exclusive  Other  **Custody papers filed in O.S.R.**

**If you are meeting at the school, do you need:**

- a) the assistance of an interpreter?      Yes:       Language: \_\_\_\_\_
- b) any other special assistance?      Yes:       Please specify: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**This person has your authorization to be contacted and/or pick your child up at school in an emergency situation**

<b>Emergency Contact 1</b>		<b>Emergency Contact 2</b>	
Name		Name	
Phone		Phone	
Relationship to child		Relationship to child	

### CAREGIVER OR CHILDCARE INFORMATION

Child goes to a caregiver or childcare centre:	<input type="checkbox"/> Before school	<input type="checkbox"/> After school
Name of caregiver:	Telephone contact during the day:	
Caregiver information is important. Please ensure the school and transportation department is kept up-to-date regarding this information.		

**MEDICAL NEEDS, DIETARY CONSIDERATIONS AND CONSENT**

Does your child have medical needs that the school needs to know about:

Anaphylaxis Yes  No  Asthma Yes  No  Diabetes Yes  No   
Epilepsy Yes  No  G-tube Yes  No  Suctioning Yes  No

If yes, please complete, sign and have your physician sign the Plan of Care and Administration of Prescribed Medication Forms.

Name of HBKRH physician:

Any other pertinent information about health or personal care:

In cases of emergency, we follow the HBKRH protocol for when medical help is needed. In the event that neither a parent, nor the emergency contact person can be reached children will be transported to the nearest medical facility by ambulance if deemed necessary.

**EMAIL CONSENT**

Email can provide an efficient means of communication between families and the school. Email is not required and its use is entirely optional. Families wishing to use email are asked to complete the section below.

Parent/Guardian Email Address #1

Parent/Guardian Email Address #2

**CANADA'S ANTI-SPAM LEGISLATION**

Canada's Anti-Spam Legislation (CASL) took effect on July 1<sup>st</sup>, 2014. The new law prohibits the sending of any type of electronic message that is commercial in nature unless the recipient has provided consent first. As a result we require your permission in order to receive any electronic message which contain a commercial nature (field trips, spirit wear, student photographs etc).

I DO consent to receive commercial emails

I do NOT consent to receive commercial emails

**TRANSPORTATION INFORMATION**

Home School

District School Board

Weight of child

Parent Signature:

Date:

**NEIGHBOURHOOD WALKS**

I understand that my child may leave the school property and go out into the immediate local neighbourhood under supervision while participating in a school related activity.

NOTE: For field trips beyond the immediate neighbourhood – a separate consent form describing the outing will be sent home to parents for signature with specific details of a field trip away from the school.

I am in agreement that my child may participate in local neighbourhood walks.

Parent signature:

**FOR OFFICE USE**

Teacher

Admission Date

Personal information contained on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and the use of this personal information should be directed to,

Bloorview School Human Resources, at 416 424-3831.