

SCHOOL REGISTRATION FORM - (RESOURCE STUDENTS)

First Name		Surname			Male	Female
Date of Birth (mm/dd/yyyy)	Age	Grade	Language Spoken at Home Interpreter Required Circle Y / N			
Address	Street			City	Postal Code	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Names	Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/>
Home Address (if different from student's)		
Home Phone		
Business Phone		
Cell Phone		
E-mail		
Student lives with	Both Parents <input type="checkbox"/> One Parent <input type="checkbox"/> (specify) _____ Other <input type="checkbox"/> (specify) _____	
Emergency Contact	Name	Phone

EDUCATIONAL INFORMATION

Home School	District School Board	
Address		
Telephone	Fax	
Principal	Teacher	
Classroom Placement	Regular Program <input type="checkbox"/>	Name of Special Education Program
	Regular Program with Educational Assistant (EA) support <input type="checkbox"/>	
	Special Education – less than ½ day in a small class <input type="checkbox"/>	Special Needs and/or Exceptionality
	Special Education – more than ½ day in small class <input type="checkbox"/>	
Secondary Courses/ Credits registered in this school term:	Online courses registered in this term:	

MEDICAL NEEDS AND CONSENT (Respite Students complete at HBKRH Registration, Program Students complete in School Office)

Diagnosis	Seizures Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	G-tube <input type="checkbox"/>	Does your child use an epi-pen? Yes <input type="checkbox"/> No <input type="checkbox"/>
List all Allergies		Requires Suctioning <input type="checkbox"/> Tracheostomy Tube <input type="checkbox"/> Ventilator <input type="checkbox"/>	Medical Needs Form If yes, please complete, sign and have your physician sign the Management of Emergency Medical Concerns Form. Yes <input type="checkbox"/>

Permission: I am in agreement that my child's photo and video may appear in the school newsletter or on the Bloorview School Authority's website Instagram or Twitter account, or as part of a presentation to others. I agree that I will not hold BSA responsible for any harm that may arise from unauthorized reproduction of these photos beyond Bloorview School Authority's control.

Yes No

If yes, please sign here: _____

FOR OFFICE USE

In-patient <input type="checkbox"/>	Day -patient <input type="checkbox"/>	GUAG <input type="checkbox"/>	BIRT <input type="checkbox"/>	SODR <input type="checkbox"/>	CCC <input type="checkbox"/>
Teacher	School Transition Liaison Teacher:				
Date/Time of BSA registration	Admission Date:				