



St. Basil Catholic Elementary School - Student Registration Form

Office Use Only: OEN:

This Year's Grade:

School:

Date:

St. Basil Catholic Elementary School in Sault Ste. Marie an English program from Kindergarten to Grade 8 and a French Immersion Program from Kindergarten to Grade 2. The French Immersion Program is being expanded on a yearly basis. Please indicate which program your child will be enrolled in.

English - Kindergarten to Grade 8

French Immersion - Kindergarten to Grade 2

Student Legal Name: Surname First Name: Middle Name:

Preferred Name: Surname First Name: Middle Name:

Gender:

Religion of Student:

Restraining/Custody Order:

Yes No

Date of Birth:

Parish:

Previous School Attended: Previous Grade:

Health Card Number:

Immunization Record Provided: (Yes/No)

Student Identified through IPRC: (Yes/No)

Student has IEP: (Yes/No)

Siblings in this school: Surname First Name: MiddleName:

Surname First Name: MiddleName:

Student Address Information

Home Address: Postal Code

Mailing Address: Postal Code

Phone(Home):

Phone(Cell):

Student Busing Information

Pick Up Address: Postal Code

Drop Off Address: Postal Code

Indigenous Identification

First Nation Métis Inuit

Baptism Parish: Date:

Reconciliation Parish: Date:

First Communion Parish: Date:

Confirmation Parish: Date:



Student Registration Form

Student:

Complete this section only if the student was not born in, or has not lived in, Canada.

Country of Birth: Country of Last Residence:

Country of Citizenship: Arrival Date: Expiry Date:

Status in Canada: Notes:

First Parent/Guardian

Surname: First Name:

Gender: Relationship to Student:

Phone(Home): Phone(Cell):

Address:
(If different from student)

Place of Employment:

Phone Number: Email:

Religion of Parent/Guardian:

Guardian Receives Mail
 Custody Access to Records
 Lives with Student Speaks School Language

Emergency/School Closure Priority 1 2 3

Second Parent/Guardian

Surname: First Name:

Gender: Relationship to Student:

Phone(Home): Phone(Cell):

Address:
(If different from student)

Place of Employment:

Phone Number: Email:

Religion of Parent/Guardian:

Guardian Receives Mail
 Custody Access to Records
 Lives with Student Speaks School Language

Emergency/School Closure Priority 1 2 3

Emergency Contact Information

Surname: First Name: Female Male

Relationship to Student: Place of Employment:

Phone(Home): Phone(Cell): Phone(Business):

Emergency/School Closure Priority 1 2 3

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Huron-Superior Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2 ss. 58.5, 265 and 266) as amended. The information will be used to register and place the student in a school or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with 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. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the school Principal.

Date:

Signature

Save and print all registration forms and bring to your child's school.

NOTE: During July and August forms should be dropped off at the:
Catholic Education Centre
90 Ontario Avenue, Sault Ste. Marie

OR email to: frontdesk@hscdsb.on.ca