

# Huron-Superior Catholic District School Board



## Student Registration Form

**Office Use Only:** OEN:  This Year's Grade:

School:  Date:

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:  Middle Name:

Surname  First Name:  Middle Name:

### 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:

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

Country of Birth:  Country of Last Residence:

Country of Citizenship:  Arrival Date:  Expiry Date:

Status in Canada:  Notes:

# Huron-Superior Catholic District School Board

## Student Registration Form



Student: <input style="width: 150px;" type="text"/>	
<b>First Parent/Guardian</b> Surname: <input style="width: 100px;" type="text"/> First Name: <input style="width: 100px;" type="text"/> Gender: <input style="width: 50px;" type="text"/> Relationship to Student: <input style="width: 100px;" type="text"/> Phone(Home): <input style="width: 100px;" type="text"/> Phone(Cell): <input style="width: 100px;" type="text"/> Address: <input style="width: 250px;" type="text"/> <small>(If different from student)</small> Place of Employment: <input style="width: 200px;" type="text"/> Phone Number: <input style="width: 100px;" type="text"/> Email: <input style="width: 100px;" type="text"/> Religion of Parent/Guardian: <input style="width: 150px;" type="text"/> <input type="checkbox"/> Guardian <input type="checkbox"/> Receives Mail <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Lives with Student <input type="checkbox"/> Speaks School Language Emergency/School Closure Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>Second Parent/Guardian</b> Surname: <input style="width: 100px;" type="text"/> First Name: <input style="width: 100px;" type="text"/> Gender: <input style="width: 50px;" type="text"/> Relationship to Student: <input style="width: 100px;" type="text"/> Phone(Home): <input style="width: 100px;" type="text"/> Phone(Cell): <input style="width: 100px;" type="text"/> Address: <input style="width: 250px;" type="text"/> <small>(If different from student)</small> Place of Employment: <input style="width: 200px;" type="text"/> Phone Number: <input style="width: 100px;" type="text"/> Email: <input style="width: 100px;" type="text"/> Religion of Parent/Guardian: <input style="width: 150px;" type="text"/> <input type="checkbox"/> Guardian <input type="checkbox"/> Receives Mail <input type="checkbox"/> Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Lives with Student <input type="checkbox"/> Speaks School Language Emergency/School Closure Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>Emergency Contact Information</b>	
Surname: <input style="width: 150px;" type="text"/> First Name: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Female <input type="checkbox"/> Male Relationship to Student: <input style="width: 100px;" type="text"/> Place of Employment: <input style="width: 200px;" type="text"/> Phone(Home): <input style="width: 100px;" type="text"/> Phone(Cell): <input style="width: 100px;" type="text"/> Phone(Business): <input style="width: 100px;" type="text"/> Emergency/School Closure Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
<p>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.</p>	
Date: <input style="width: 100px;" type="text"/> 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: <a href="mailto:frontdesk@hscdsb.on.ca" style="color: white;">frontdesk@hscdsb.on.ca</a>

Please also complete: Student Health Information Form  
 Identification of Students for School-related Activities Form  
 Usage of the Board Computer Network, Internet and Email Form