



# STUDENT REGISTRATION FORM

School Name: VINELAND PUBLIC SCHOOL

## FOR OFFICE USE ONLY

Date of Entry \_\_\_\_\_ Homeroom \_\_\_\_\_ Grade \_\_\_\_\_  
Home School \_\_\_\_\_ OEN Number \_\_\_\_\_ ESL \_\_\_\_\_

## STUDENT INFORMATION

Legal Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Preferred Surname \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender Male  Female   
*(Year/month/day)*

Date of Birth Verification *(Please check one of the following)*

Baptismal Record  Birth Certificate  Birth-Registration  Immigration Document  Passport

Other  \_\_\_\_\_

Language(s) Spoken in the Home  \_\_\_\_\_ First Language  \_\_\_\_\_

## PREVIOUS SCHOOL ATTENDED

School Name \_\_\_\_\_ School Board \_\_\_\_\_

City \_\_\_\_\_ Date Left \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

## MEDICAL INFORMATION

Health Card No. \_\_\_\_\_

Medical Condition *(Serious medical alerts, chronic illnesses, allergies and treatment or medication needed should be noted.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor Surname \_\_\_\_\_ First Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_ Gender Male  Female

## CITIZENSHIP - If country of birth is other than Canada, please complete this section:

Birth Country \_\_\_\_\_ Arrival Date (into Canada) \_\_\_\_\_

Status in Country (please check ONE of the following)

Canadian Citizen  Landed Immigrant  Convention Refugee  Refugee Claimant  Permanent Resident

Fee Paying Student Visa  Other Visa  \_\_\_\_\_ Work Permit  \_\_\_\_\_

Verification Document Provided \_\_\_\_\_ Expiry Date \_\_\_\_\_

Country of Last Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

**SIBLING INFORMATION**

Sibling Information: (if the student has siblings in this school, please indicate.)

Name \_\_\_\_\_ Name \_\_\_\_\_  
1) \_\_\_\_\_ 3) \_\_\_\_\_  
2) \_\_\_\_\_ 4) \_\_\_\_\_

**STUDENT HOME ADDRESS**

Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite   
Additional Delivery Information \_\_\_\_\_  
City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Listed  Unlisted

**TRANSPORTATION INFORMATION**

If this student will be staying with a sitter or child care provider on a consistent basis, please complete the following information for use by transportation:

**Pick Up Address (before school)**

Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite   
City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_  
Additional Delivery Information \_\_\_\_\_  
Phone Number of Contact \_\_\_\_\_

**Drop off Address (after school)**

Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite   
City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_  
Additional Delivery Information \_\_\_\_\_  
Phone Number of Contact \_\_\_\_\_

It is important you select the correct **Emergency Priority** and **Closure Priority** in the contact information on the following pages. **This is to ensure the correct person is contact in an emergency situation.** Throughout the parents/guardians and contacts, please use #1 only once, #2 only once, #3 only once, etc.

**Definitions:**

**Emergency Priority:** The person to be contacted in case of an emergency.  
**School Closure Priority:** The person to be contacted in case of school closure.

**School Emergency Dismissal Procedures**

(Please check one of the following)

Keep at school  Send home by bus or taxi  Dismiss immediately   
(Until designated pick up) (if normal means of transportation)  
Send home with older sibling  Sibling's Name \_\_\_\_\_ Grade \_\_\_\_\_  
(If the student is JK, they cannot be sent home with an older sibling.)

Signature of Mother \_\_\_\_\_ Signature of Father \_\_\_\_\_ Signature of Legal Guardian \_\_\_\_\_  
Date \_\_\_\_\_

**MOTHER INFORMATION**

Mother  Stepparent  Foster Parent   
Emergency Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)  
School Closure Priority: 1 2 3 4 5 (Please circle one choice: 1 = high, 5 = low)

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Mrs.  Ms.  Miss  Dr.

**Address:** (complete if different from student's home address)

Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite   
Additional Delivery Information \_\_\_\_\_  
City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_

**LEGAL CUSTODY** Yes  No  **LIVES WITH STUDENT** Yes  No  **ACCESS TO RECORDS** Yes  No

**ACCESS TO STUDENT** Yes  No  **RECEIVES MAIL** Yes  No

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_ Ext. \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Unlisted  Cell Phone Number \_\_\_\_\_  
Pager Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**FATHER INFORMATION**Father  Stepparent  Foster Parent Emergency Priority: 1 2 3 4 5  
School Closure Priority: 1 2 3 4 5*(Please circle one choice: 1 = high, 5 = low)*  
*(Please circle one choice: 1 = high, 5 = low)*

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Mr.  Dr. **Address:** *(complete if different from student's home address)*Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite 

Additional Delivery Information \_\_\_\_\_

City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_

**LEGAL CUSTODY** Yes  No  **LIVES WITH STUDENT** Yes  No  **ACCESS TO RECORDS** Yes  No **ACCESS TO STUDENT** Yes  No  **RECEIVES MAIL** Yes  No 

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Unlisted  Cell Phone Number \_\_\_\_\_

Pager Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

If you are providing daycare information, enter a **Contact Name** from the daycare centre. Enter Daycare in **Relationship to Student**.  
Enter Name of Daycare in **Place of Employment**.**CONTACT INFORMATION***(If a parent cannot be contacted during the day)*Emergency Priority: 1 2 3 4 5  
School Closure Priority: 1 2 3 4 5*(Please circle one choice: 1 = high, 5 = low)*  
*(Please circle one choice: 1 = high, 5 = low)*Surname \_\_\_\_\_ First Name \_\_\_\_\_ Mrs.  Ms.  Miss  Mr.  Dr. Relationship to the student \_\_\_\_\_  
*(i.e., Guardian, Grandparent, Stepparent, Foster Parent, Sitter, Aunt, Uncle, Brother, Sister, Friend, Daycare)***Address**Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite 

Additional Delivery Information \_\_\_\_\_

City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_

**GUARDIAN** Yes  No  **LIVES WITH STUDENT** Yes  No  **ACCESS TO RECORDS** Yes  No **ACCESS TO STUDENT** Yes  No  **RECEIVES MAIL** Yes  No 

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Unlisted  Cell Phone Number \_\_\_\_\_

Pager Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**CONTACT INFORMATION***(If a parent cannot be contacted during the day)*Emergency Priority: 1 2 3 4 5  
School Closure Priority: 1 2 3 4 5*(Please circle one choice: 1 = high, 5 = low)*  
*(Please circle one choice: 1 = high, 5 = low)*Surname \_\_\_\_\_ First Name \_\_\_\_\_ Mrs.  Ms.  Miss  Mr.  Dr. Relationship to the student \_\_\_\_\_  
*(i.e., Guardian, Grandparent, Stepparent, Foster Parent, Sitter, Aunt, Uncle, Brother, Sister, Friend, Daycare)***Address**Number \_\_\_\_\_ Street \_\_\_\_\_ Unit No. \_\_\_\_\_ Unit Type: Apt.  Unit  Suite 

Additional Delivery Information \_\_\_\_\_

City/Town \_\_\_\_\_ Township \_\_\_\_\_ Postal Code \_\_\_\_\_

**GUARDIAN** Yes  No  **LIVES WITH STUDENT** Yes  No  **ACCESS TO RECORDS** Yes  No **ACCESS TO STUDENT** Yes  No  **RECEIVES MAIL** Yes  No 

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Unlisted  Cell Phone Number \_\_\_\_\_

Pager Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**ADDITIONAL INFORMATION**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FREEDOM OF INFORMATION

In order for the school to release personal information, we must comply with the provisions of the **Municipal Freedom of Information/Protection of Privacy Act**, 1990.

If your child is under the age of 18 years, do you consent to the student's name, photograph, video image and/or accomplishments being released:

- in school or Board of Education publications (e.g., Newsletters, yearbook, websites, etc)?  Yes  No
- in school or Board of Education Electronic Publications, (i.e., webpages)  Yes  No
- to the media? (radio, television, newspapers)?  Yes  No

The Ontario Ministry of Education and Training, under the authority of the Education Act of the Province of Ontario, requires that each school maintain a record of basic information for each student registered in the school. The information will be used for the purposes of the proper education and well-being of the student and for necessary statistical purposes.

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990 c.E.2, as amended, and will be used for the Ontario Student Record and for administrative purposes. Questions about collection may be directed to the Director of Education, District School Board of Niagara, 191 Carlton Street, St. Catharines, ON, L2R 7P4 (905-641-1550)

## INTERSCHOOL ATHLETIC PROGRAM

According to the Administrative Procedure entitled **Permission to Participate in Interschool Athletic Program**, student athletes must complete a Permission to Participate Form **for each sport**. This form includes medical and personal information needed by a coach in case of emergency. The District School Board of Niagara recommends an annual medical examination for students who participate in interschool sports. These forms, or copies of the forms, should be readily accessible by the coach at all times. This includes all practices and games.

## INTERNET USE

The Internet is a resource and a technological tool for lifelong learning. According to the Administrative Procedure entitled **Internet Access and Use Guidelines** the District School Board of Niagara expects schools to implement administrative procedures relative to the proper application of the Netiquette guidelines and to ensure the appropriate design and use of school websites. In order to use the Internet and Intranet services both students and parents will complete and sign a form provided by the school which is an agreement to abide by all directions established by the District School Board of Niagara "Netiquette" document.

### STUDENT REGISTRATION INFORMATION:

Activity Fee \_\_\_\_\_  
Yearbook Fee \_\_\_\_\_  
Workbook Fee \_\_\_\_\_  
Grad Fee \_\_\_\_\_ Total \_\_\_\_\_

### FOR OFFICE USE ONLY

Number \_\_\_\_\_  
Combination \_\_\_\_\_  
Serial Number \_\_\_\_\_



**PLEASE PRINT ALL INFORMATION**