



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

2755 Highway 43, Kemptville, ON K0G 1L0

1-800-443-4562 or 613-258-7757

www.cdsbeo.on.ca

SCHOOL REGISTRATION FORM

School of Registration: _____

Start Date: _____

The following documents are **required** to complete the registration (please indicate which documents accompany this form):

CATHOLIC BAPTISMAL CERTIFICATE BIRTH CERTIFICATE

Grade: _____ ENGLISH FRENCH IMMERSION

Transportation Required: YES NO To/From: HOME CAREGIVER

Does your child have special education needs? YES NO IEP (Individual Education Plan)

Details: _____

Last Name: _____ Given Names: _____

Home Tel.: _____ Gender: F M Address: _____

Apt. #: _____ P.O. Box: _____ City/Town: _____ Postal Code: _____

Township: _____ Previous School: _____

Address: _____ Last Grade Completed: _____

Religion: ROMAN CATHOLIC OTHER

Sacramental History - Please indicate which Sacraments your child has received:

First Language: _____ BAPTISM FIRST COMMUNION RECONCILIATION CONFIRMATION

Language Spoken Most Often: _____ I give permission to distribute information on sacraments to the parish priest.

Date of Birth: _____ Country of Last Residence: _____

Country of Birth: _____ Date of Entry to Canada: _____

Province of Birth: _____ Status: LANDED IMMIGRANT OTHER VISA REFUGEE

Student Information

Mother's Name: _____ Home Phone: _____

Address (if different from student): _____ Work Phone: _____

City/Town: _____ Township: _____ Cell Phone: _____

Email: _____ Is your tax support designated to the English Catholic school system? YES NO

If NO, please obtain from the school office an **Application for Direction of School Support** and attach to this form.

Father's Name: _____ Home Phone: _____

Address (if different from student): _____ Work Phone: _____

City/Town: _____ Township: _____ Cell Phone: _____

Email: _____ Is your tax support designated to the English Catholic school system? YES NO

If NO, please obtain from the school office an **Application for Direction of School Support** and attach to this form.

Parent/Guardian Information

Student Lives With: BOTH PARENTS MOTHER FATHER OTHER (please specify): _____

Exclusive Custody: YES NO Court order attached: YES NO

SCHOOL REGISTRATION FORM

Medical/Emergency

Name of Emergency Contact (other than parent/guardian): _____

Telephone: _____ Relationship to Student: _____

Caregiver Name: _____ Telephone: _____

Address: _____

Medications: Does the child receive routine medications?

NO YES (please list):

SIBLINGS (names & date of birth):

Does your child have any significant health factors which must be considered? (i.e.; sight, hearing, speech, serious allergies, epilepsy, asthma)

NO YES (please describe): _____

Self-Identification

VOLUNTARY FIRST-NATION, MÉTIS, and INUIT SELF-IDENTIFICATION - All parents/guardians of Aboriginal students, and students aged 18 years or older, have the right to voluntarily and **confidentially** self-identify. Through self-identification the Board is able to collect relevant information which helps to provide programs and strategies supporting the needs of First Nations, Métis and Inuit learners. This information is being gathered in accordance with section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act.

If the student is considered to be of Aboriginal ancestry, please check the appropriate box:

FIRST NATION MÉTIS INUIT

Secondary Students

NOTE: This section applies only to students registering at the secondary level.

SCHOOL UNIFORM POLICY

I am aware that CDSBEO secondary schools have a uniform dress code policy.

COMMUNITY SERVICE

Has this student completed 40 hours of community service? NO YES PARTIAL - Number of Hours: _____

USE OF STUDENT INFORMATION AND IMAGE: I consent I do not consent ...to my child being photographed or videotaped, and his or her name, image and/or school work used in media coverage of school related events, in school or board publications, or on the school or board web site.

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Catholic District School Board of Eastern Ontario 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, to communicate school related information and activities to parents/guardians via email if provided, 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, please speak to your school principal.

Signature of Parent/Guardian: _____ Date: _____

Signature of Principal: _____ Date: _____