

Parent Registration Checklist

In all instances, **ORIGINAL** documentation or officially certified true copies must be presented.

Student Currently Registered with the Peel District School Board ~ Required:

- Transfer form (Elementary) or Status Sheet (Secondary) from previous Peel District School Board school
- Proof of Address (see list below)
- Completed Registration Form

Student Not Currently Registered with the Peel District School Board ~ Required:

- Proof of child's age (present one original document from the list below)**
 - Canadian Birth Certificate/Birth Registration Card
 - Canadian Citizenship Card / Certificate / Passport
 - Permanent Resident Card / Confirmation of Permanent Residence
 - Work permit/Employment Authorization from Citizenship and Immigration Canada
 - Study Permit issued to parent for a diploma or degree program from Citizenship and Immigration Canada
 - Refugee/Convention Refugee Permit
 - Visitor Permit for Missionary Work (only case type 13)
- Proof of address (present one original document from the list below)**
 - Ontario Driver's Licence
 - Utility Bill (water, hydro, gas, phone, cable, cell phone)
 - Bank Statement/Letter from Financial Institution
 - Credit Card Statement
 - Government forms (i.e. Social Insurance Number, Service Canada documents)
 - Purchase Agreement
- Proof of immunization**
 - Students registering in an Ontario public school for the first time must provide proof of immunization/vaccination
 - Students with an Ontario Education Number (shown on Ontario report cards or transcripts) do not need to provide proof of immunization
- Proof of custody** – children must live with their parent(s) unless provided documentation supports an alternate living arrangement
- Proof of education**
 - For **Elementary** students who are currently attending school in Ontario, please bring the most recent report card
 - For **Secondary** students who are attending or have attended secondary school in Ontario, please bring the most recent transcript, report card or credit summary report (if available)
 - Notify school at time of registration if your child is registered currently in a specialized program such as SHSM (include sector), IB, IBT, FI, EF, ELL or other programming
 - Provide a copy of your child's most recent IEP, if applicable.
- Completed Registration Form**

STUDENT REGISTRATION FORM

SHADED AREAS FOR SCHOOL USE ONLY

STUDENT NUMBER (if Transfer)	ONTARIO EDUCATION NUMBER (OEN)	GRADE/HOME FORM	ADMISSION DATE (yyyy-mm-dd)	GR 9 ENTRY DATE (yyyy-mm-dd)
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STUDENT INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	GENDER
USUAL LAST NAME	PREFERRED FIRST NAME	BIRTH DATE (yyyy-mm-dd)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER

RESIDENTIAL ADDRESS

HOME PHONE NUMBER ()	UNLISTED <input type="checkbox"/> YES	APT. NO.	STREET/EMERGENCY NUMBER	STREET NAME/LINE OR SIDE ROAD
P.O. BOX	TOWN/CITY	PROVINCE	POSTAL CODE	

MAILING ADDRESS

IIF DIFFERENT THEN RESIDENTIAL ADDRESS	APT. NO.	STREET NUMBER	STREET NAME/LINE OR SIDE ROAD
P.O. BOX	TOWN/CITY	POSTAL CODE	

GENERAL STUDENT INFORMATION (Must be completed in full)

PREVIOUS SCHOOL DISTRICT	PREVIOUS SCHOOL NAME	PREVIOUS SCHOOL ADDRESS
PROOF OF AGE & NAME (copy for OSR) <input type="checkbox"/> CDN. BIRTH CERTIFICATE/REGISTRATION CARD <input type="checkbox"/> CDN. PASSPORT	<input type="checkbox"/> CANADIAN CITIZENSHIP CARD <input type="checkbox"/> PERMANENT RESIDENT CARD/FORM <input type="checkbox"/> OTHER IMMIGRATION DOC _____	FOR FUNDING PURPOSES ONLY Country of Birth _____ Province/Territory If Canada _____ 1 st Entry Date into Canada (yyyy-mm-dd) _____
WAS ENGLISH FIRST LANGUAGE STUDENT LEARNED AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGES STUDENT SPEAKS AT HOME _____	
VOLUNTARY AND CONFIDENTIAL SELF-IDENTIFICATION FOR FIRST NATION, MÉTIS, AND INUIT STUDENTS <input type="checkbox"/> FIRST NATION <input type="checkbox"/> MÉTIS <input type="checkbox"/> INUIT		

HEALTH FACTORS (Must be completed in full)

HEALTH FACTORS <input type="checkbox"/> ASTHMA - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEIZURES - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DIABETES - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ALLERGIES _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICATION REQUIRED AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES Medication Form must be completed
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PARENTAL INFORMATION (Must be completed in full)

CUSTODY <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> *FATHER ONLY <input type="checkbox"/> *MOTHER ONLY <input type="checkbox"/> *LEGAL GUARDIAN(S) <input type="checkbox"/> *SELF (16 & OVER) <input type="checkbox"/> *CHILDREN'S AID SOCIETY	LIVING WITH <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> SELF <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> LEGAL GUARDIAN(S) <input type="checkbox"/> FOSTER PARENT(S)
<input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FATHER <input type="checkbox"/> SELF	Last Name _____ First Name _____ Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone Number () Cellular Number () Business Phone Number (including Ext.) () E-mail Address *	<input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FATHER <input type="checkbox"/> SELF
Home Phone Number () Cellular Number () Business Phone Number (including Ext.) () E-mail Address *	Last Name _____ First Name _____ Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO
Address if different from student (include street number, name, city and postal code) _____	
If parent is deceased: <input type="checkbox"/> Mother Date of Death _____ <input type="checkbox"/> Father Date of Death _____	

SIBLING INFORMATION (Must be completed in full)

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	DATE OF BIRTH	SCHOOL & GRADE
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		

For additional siblings, please add siblings on a separate sheet of paper and include with registration form

ADDITIONAL FAMILY INFORMATION OF WHICH SCHOOL SHOULD BE AWARE:

PLEASE ADVISE IF ALTERNATE COMMUNICATION (e.g. HARD OF HEARING, LARGE PRINT, BRAILLE, SIGN LANGUAGE) REQUIRED

EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) UNAVAILABLE — IN ORDER OF AVAILABILITY (#1 EASIEST TO CONTACT)

1. LAST NAME		2. LAST NAME		3. LAST NAME	
FIRST NAME		FIRST NAME		FIRST NAME	
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT	
HOME PHONE NUMBER ()	CELLULAR NUMBER ()	HOME PHONE NUMBER ()	CELLULAR NUMBER ()	HOME PHONE NUMBER ()	CELLULAR NUMBER ()
BUS. PHONE NUMBER & EXTENSION ()	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION ()	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION ()	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO

***CONSENT TO RECEIVE ELECTRONIC COMMUNICATION FROM THE PEEL DISTRICT SCHOOL BOARD**

I hereby consent to receive electronic communication from the Peel District School Board at the email address I have provided. I understand this consent will be effective for the duration of my child's education at the board. I understand this information may be shared with the School Council (co-)chair(s) for my child's schools for the purposes of sending School Council information to me via email.

You may withdraw your consent and unsubscribe from our communications at any time by clicking the unsubscribe link in any future email, or by contacting your child's school or the board office at 905-890-1010.

I CONFIRM THAT OUR FAMILY IS A PUBLIC SCHOOL SUPPORTER.

YES NO If no, reason. _____

IF THE CHILD IS NOT A PEEL DISTRICT SCHOOL BOARD STUDENT, I AGREE THAT THE PEEL DISTRICT SCHOOL BOARD MAY CONTACT MY CHILD'S FORMER SCHOOL TO COLLECT INFORMATION FOR PURPOSES CONSISTENT WITH THE BOARD'S LEGISLATED RESPONSIBILITIES AND AUTHORITY.

YES NO If no, reason. _____

IS THE STUDENT CURRENTLY SERVING A SUSPENSION OR EXPULSION?

YES NO If yes, which school and reason for suspension/expulsion. _____

REGISTRATION IS CONDITIONAL UPON RECEIPT OF ONTARIO STUDENT RECORD FROM SENDING SCHOOL TO CONFIRM APPROPRIATENESS OF ADMISSION.

PARENT/GUARDIAN OR STUDENT (18 OR OLDER)

DATE

Municipal Freedom of Information and Protection of Privacy Act: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.E-2, as amended. This information will be used for the Ontario Student Record and for administrative purposes. Questions regarding this collection should be directed to the Principal or Freedom of Information Co-ordinator, Peel District School Board, 5650 Hurontario Street, Mississauga, Ontario, L5R 1C6. Tel: 905-890-1010, ext. 2019.

SCHOOL CHECKLIST FOR STUDENT REGISTRATION *(to be completed by School Staff)*

Legal Last Name		Legal First Name		Peel SIS #	
				OEN #	

In all instances, **ORIGINAL** documentation or officially certified true copies must be presented.

Proof of Age and Immigration Status

- | | |
|--|--|
| <input type="checkbox"/> Canadian Birth Certificate/Registration Card
<input type="checkbox"/> Canadian Citizenship Card/Certificate/Passport
<input type="checkbox"/> Canadian Permanent Resident Card/Confirmation of Permanent Residence
<input type="checkbox"/> Application and Receipt for Sponsorship (Applicant for Landing)
<input type="checkbox"/> Approved in Principle (Confirmation Letter from CIC) | <input type="checkbox"/> Work Permit/Parent Study Permit (for diploma or degree)
<input type="checkbox"/> Visitor Permit for Missionary Work (only case type 13)
<input type="checkbox"/> Refugee Permit/Convention Refugee
<input type="checkbox"/> Expired Visitor Permit
<input type="checkbox"/> Fee Paying (via Peel Schools for International Students)
<input type="checkbox"/> Exchange Students (see OP—CISS 9 prior to registering) |
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Attach a copy of the Proof of Age and Immigration Status document to this Registration Form

Proof of Address/Residence in Peel

- Ontario Driver's Licence
- Government Issued Forms
- Utility Bill
- Bank Statement/Letter from Financial Institution
- Credit Card Statement
- Purchase Agreement

I certify that I have seen this document

Date: _____

Initial: _____

Immunization Records (only required for students without an OEN #)

- Yellow Card
- Record from elsewhere
- Peel Health Form

I certify that I have forwarded to Peel Health

Date: _____

Initial: _____

Language Information (for funding and emergency purposes)

- Country of Birth _____
- Province/Territory of Birth (if Canada) _____
- 1st Entry Date into Canada _____
- Parent speaks English Yes No
- Was English first language student learned at home
 Yes No

I certify that I have checked this information

Date: _____

Initial: _____

Proof of Custody (where applicable)

- Living with custodial parent(s)
- Cdn. Custodial Court Order
- Peel Guardianship Agreement

I have reviewed and attached the required documentation (if applicable)

Date: _____

Additional Documentation

- Report Card Transcript and/or Credit Summary Report (secondary students)
- IEP (if applicable) Other Program Documentation
- Multicultural, Settlement & Education Partnership (MSEP) Consent – signed

I verify that I have either seen all of the documents listed personally, or the validity of the documents that I did not see personally has been confirmed to me as required by Operating Procedure – LDSS 1 The Registration, Admission and Withdrawal of Students. I have attached to this form the Registration Form, copy of Proof of Age and Immigration Status and the custody order (if applicable). I have ensured that all information on the registration form is complete and entered all fields on SIS.

Certified by: _____
Print name
Signature
Date