



School Name: _____ Today's Date: _____
YEAR / MONTH / DAY

STUDENT INFORMATION **OEN**

Legal Last Name Legal Given Names Also Known As Sex (circle) M F
Date of Birth: Birth Verified by: Certificate O.S.R. Passport Status Card
(Year / Month / Day) (copy required) Birth Registration Form Baptismal Certification Other
Address: Student Lives With: Both Parents Mother Father
Rural Residents Include Full Street Address POSTAL CODE: Other (specify):
Home Telephone Unlisted (circle) Non-Resident Contact/Board & Phone Admission Date: Grade on Admission
YES NO (Year / Month / Day)
Name and Address of Last School Attended
Last Lakehead Board School Attended
or Same

Country of Origin/ Birth: 1st Language Spoken: English
Entry Date into Canada: 2nd Language Spoken:
(copy of Immigration, Refugee or Visa documentation required)

VOLUNTARY ABORIGINAL STUDENT SELF-IDENTIFICATION Please select one of the following choices:

This student is (check one): First Nation (Status, Non-Status) Métis Inuit Non-Aboriginal I do not wish to participate.
Language(s) Spoken at Home: English French Ojibway Oji-Cree Cree Other (please specify)
The information gathered will help Lakehead Public Schools learn more about Aboriginal student achievement and allocate appropriate resources and supports to improve learning and student success. This information will be kept confidential and collected as a whole.

Daycare/Babysitting: Name: Telephone:
YES NO Address:

Custody Issues: Details of Custody:
YES NO

Previous Special Education Program or Support YES NO
(If Yes, please describe.)

FIRST PARENT / LEGAL GUARDIAN (please circle one) **SECOND PARENT / LEGAL GUARDIAN (please circle one)**
For Office Use Only: Verified and copied documents

Last Name Mr. Mrs. Ms. Other
Given Name Relationship to Student
Address Same as student address
Postal Code E-mail Address
Home Telephone Unlisted (Circle) Work Telephone Extension YES NO
Place of Employment

EMERGENCY INFORMATION (other than Parent / Guardian) (SEE MEDICAL AUTHORIZATION ON BACK OF FORM)

Contact Name Telephone Extension Relationship to Student
Contact Name Telephone Extension Relationship to Student
Doctor Location / Clinic Student's Ontario Health Card #

Identify Significant Medical Conditions:
 See attached sheet for more information None known

IDENTIFICATION OF STUDENTS FOR SCHOOL-RELATED ACTIVITIES / FREEDOM OF INFORMATION (see back of form)

Comments:

SIGNATURES:
First Parent/ Legal Guardian Signature: _____ Second Parent/ Legal Guardian Signature: _____

FOR OFFICE USE ONLY

Registered by Teacher Teacher # Grade Resident Non-Resident
Custody Documentation on file Student # OSR Requested: OSR Received:
(Year / Month / Day) (Year / Month / Day)
E-Transfer Requested E-Transfer Received/Updated Class List Register
Office Index Card Emergency List Family List Enrolment Tracking Sheet
Transportation Requested Eligible Bus Info (Bus Name, Pick-up/Drop-off Point, Time, etc)
YES NO YES NO

USE AND COLLECTION OF STUDENT INFORMATION

The personal information you have provided on this form and any other correspondence relating to your involvement in our program is collected by the Lakehead 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, contact the school Principal.

Updated 2011

IDENTIFICATION OF STUDENTS FOR SCHOOL-RELATED ACTIVITIES

Parent/Guardian signature on the reverse of this form gives consent for the name, photograph, and details of achievement of the student to be displayed and/or published for recognition purposes. Any exceptions or restrictions of this consent must be noted in the Comment areas of this form.

MEDICAL AUTHORIZATION

Parent/Guardian signature on the reverse of this form gives consent to emergency medical treatment for the student if Parent/Guardian cannot be reached.