

Permissions/Consents

The permission/consent will apply for the duration of your child's attendance at this school.

Student's name: _____ Your name: _____

Please indicate below whether you consent/give your permission for your child in respect of each of the matters set out below:

Information to be shared with parent (if student is over 18) I give consent/permission I do not give consent/permission

I have read the Appropriate Use of Information/Communication Technology and Technology Services Policy (available on the TLDSB website and at your child's school) and I give permission for my child to access the Internet and to use technology / technology services (whether owned or licenced to the TLDSB) while at school. I understand that my child's use of technology is subject to the requirements and terms of this Policy.

I give consent/permission I do not give consent/permission

My child's photograph/name may be displayed in school buildings (other than the student's classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent/permission I do not give consent/permission

My child's school work/name may be displayed in school buildings (other than the student's classroom), in school or TLDSB print or online: publications, videos, media, and/or social media platforms.

I give consent/permission I do not give consent/permission

I give permission for my name and phone number to be shared with the School Council.

I give consent/permission I do not give consent/permission

I give permission for my child to be included in neighbourhood walking excursions under a staff member's supervision.

I give consent/permission I do not give consent/permission

Canada Anti-Spam Legislation Consent (CASL): I consent to receive commercial electronic messages about school pictures, field trips, yearbook sales, food programs, event tickets, or similar events or offers to sell goods and services.

I give consent/permission I do not give consent/permission

Date: _____ Signature of Parent: _____

Signature of Student: _____

**NOTE: When spectators – including parents or media – are invited to school events off school property, the event becomes a public event and anyone in attendance is permitted to take photographs without first obtaining parental consent. Please contact your school Principal or the TLDSB Communication Department if you need clarification.*

Privacy of Confidential Information

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the 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.

Acknowledgement and Certification

- I certify the information included on this registration form is correct.
- I/we understand that it is our responsibility to advise the school immediately of any changes to the information provided on this form.
- I/we understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization if deemed necessary.
- I/we acknowledge that the school accepts no liability for thefts which may occur on the school premises.

PLEASE NOTE: If your child is 16 or 17 years of age at the time of this collection, you must have the necessary consent of the child to permit the collection under the Municipal Freedom of Information and Protection of Privacy Act.

Signature of Parent/Guardian _____ Print Name _____ Date of Signing _____

Administration has reviewed the form

Date: _____ Signature of School Administrator: _____



**TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD
STUDENT REGISTRATION FORM
2018-2019**

SCHOOL: _____

DATE OF REGISTRATION: _____

DATE OF ADMISSION: _____

Shaded Areas for Office Use		PLEASE PRINT CLEARLY			School No.	
Legal Last Name, First Name, Middle Name				Male <input type="checkbox"/>	Female <input type="checkbox"/>	
				Home Phone Number Unlisted <input type="checkbox"/>		
Preferred Last Name, First Name, Middle Name (same as above <input type="checkbox"/>)				Cell Phone Number Unlisted <input type="checkbox"/>		
Date of Birth Year Month Day	Proof of Age Document (Do not copy)	Grade	Homeroom	Out of Area Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of Address	
Proof of Legal Name Verified By			OEN #			
House No. (911 Address)	Apt/Unit	Street Name		City/Town		Postal Code
Mailing Address (if different from above)			Previously Attended School in TLDSB?			
			Yes <input type="checkbox"/> School:			
			No <input type="checkbox"/> Previous School and Board if not TLDSB:			
			Address or Phone Number of Previous School			
Special Education						
Has your child had assessments in: Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Psychological Services <input type="checkbox"/>						
Has your child been formally identified by an Identification, Placement, and Review Committee? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If so, what is the IPRC Identification? _____						
Does your child have an Individual Education Plan (IEP)? Yes <input type="checkbox"/> No <input type="checkbox"/> Subjects: _____						
Citizenship						
Canadian <input type="checkbox"/> Other <input type="checkbox"/> _____ (list country)						
Student Visa <input type="checkbox"/> Parent Work/Visa <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/>						
Country of Birth		Province of Birth		If born outside of Canada, date of entry into Canada Year/Month/Day		
Documentation Examined and Verified for Eligibility– Documents Should Not Be Copied						
Confirmation of Permanent Residence (P.R.) <input type="checkbox"/>				Visitor Record <input type="checkbox"/>		
Date became a P.R. _____				Date Signed _____		
Permanent Resident Card <input type="checkbox"/>				Consideration of Eligibility (Convention Refugee) <input type="checkbox"/>		
Date (back of card) _____				Date Stamped _____		
Study Permit <input type="checkbox"/>				Passport <input type="checkbox"/>		
Date Signed _____				Date Stamped _____		
Other (Please Specify and Indicate Date) <input type="checkbox"/> _____						

Alternate Tuition Fee Students	Tuition Paid Directly to the Board <input type="checkbox"/>	First Nation Education Authority <input type="checkbox"/>
	Exchange Student <input type="checkbox"/>	International Student <input type="checkbox"/>
Admit Reason	Admit Date	First Language
Has your child previously been receiving English as a Second Language (ESL) instruction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Voluntary and Confidential – First Nation, Métis, and Inuit Self-Identification		
All parents/guardians of First Nation, Métis, and Inuit students, and students who are 18 years or older, have the right to voluntarily and confidentially self-identify their Aboriginal ancestry. I consider my child to be of First Nation, Métis, and Inuit Ancestry (Supporting documentation is not required). Yes <input type="checkbox"/> The categories that apply to my child are checked below: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		
Trillium Lakelands District School Board is providing the opportunity for Voluntary Self-Identification of First Nation, Métis, and Inuit ancestry so that the best programs and supports can be put in place to help increase First Nation, Métis, and Inuit student success. Data from sources including EQAO scores will be used to monitor the success of students, program, and supports.		
Parent / Guardian		
Custody: Both Parents <input type="checkbox"/> Mother Exclusive <input type="checkbox"/> Father Exclusive <input type="checkbox"/> Joint -Legal <input type="checkbox"/>	CAS <input type="checkbox"/> Agency <input type="checkbox"/> Other <input type="checkbox"/>	Special Arrangement <input type="checkbox"/> Describe Court Order Filed in OSR Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Lives With: Parent/Guardian 1 (primary contact)		Address, if different from student
Last Name, First Name		
Relationship to Student		Place of Employment
Home Phone	Cell Phone	Business Phone
Email		
Can Contact in an Emergency <input type="checkbox"/>		Can Contact at Work <input type="checkbox"/> Willing to Volunteer <input type="checkbox"/>
Parent/Guardian 2 (secondary contact)		Address, if different from student
Last Name, First Name		
Relationship to Student		Place of Employment
Home Phone	Cell Phone	Business Phone
Email		
Can Contact in an Emergency <input type="checkbox"/>		Can Contact at Work <input type="checkbox"/> Willing to Volunteer <input type="checkbox"/>
Emergency Contact 1 (other than parent/guardian)		Relationship to Student: _____
Last Name, First Name		Permission to Pick Up Student <input type="checkbox"/>
Home Phone	Cell Phone	Business Phone
Emergency Contact 2 (other than parent/guardian)		Relationship to Student: _____
Last Name, First Name		Permission to Pick Up Student <input type="checkbox"/>
Home Phone	Cell Phone	Business Phone

*additional emergency contacts can be provided to the school on a separate piece of paper if required.

Siblings			
Surname	First Name	School Attending (if different)	Grade
Suspension/Expulsions			
Is this student currently suspended from any school in Ontario?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide name of the school and the School Board. _____			
Has this student ever been expelled from any school in Ontario?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide name of the school, the School Board and a contact name. _____			
Medical			
Doctor's Name		Phone Number	Health Card (Optional)
Immunization Record Received Yes <input type="checkbox"/> No <input type="checkbox"/>			
A Medical Management and Response Plan will be created for students who have a life threatening or other medical condition that requires a plan to address individual needs. Please see the Principal for additional information/permission forms to support a life-threatening medical condition.			Medical Management and Response Plan Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
Student wears a MedicAlert® Bracelet/Necklace Yes <input type="checkbox"/> No <input type="checkbox"/>			
Registration No. _____			Anaphylactic Management and Response Plan Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have allergies and/or health conditions that are life-threatening ? If Yes, does your child carry an epi-pen? Yes <input type="checkbox"/> No <input type="checkbox"/> Please give details of the life threatening allergy/health condition: _____ _____			
Does your child have asthma? (all cases are considered life-threatening) Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, does your child carry an inhaler for asthma? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your child have mild allergies and/or health conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details: _____ _____			Asthma Management and Response Plan Form on File Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require medication to be administered at school? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give details _____ _____			
Board Procedure OP-6601 Appendix A: Authorization for Storage and Administration of Prescribed Medication			
PART A Form on File			Yes <input type="checkbox"/> No <input type="checkbox"/>
PART B Form on File			Yes <input type="checkbox"/> No <input type="checkbox"/>
Medication Received and Added to Medication Inventory Log			Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Log of Administered Medication Form Prepared			Yes <input type="checkbox"/> No <input type="checkbox"/>
Secondary Students Only			
OST or Credit Counselling Summary Received		Yes <input type="checkbox"/>	No <input type="checkbox"/>
OSSLT Successfully Completed		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation of Completed Community Service Hours Received		Yes <input type="checkbox"/>	No <input type="checkbox"/> Hours _____
Please obtain proof.			