



TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD
UNDER 18 STUDENT REGISTRATION FORM
2019-2020

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:

I have read the Appropriate Use of Digital Technology, Content and 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. (If others wish to consent, please fill out/sign the TLDSB School-to-Home Communication Consent Form For Parents and Guardians, available separately.
I give consent/permission [ ]
I do not give consent/permission [ ]

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

\*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: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_

DATE OF ADMISSION: \_\_\_\_\_

Form with multiple sections: Shaded Areas for Office Use, PLEASE PRINT CLEARLY, Student #, Legal Last Name, First Name, Middle Name, Lived Gender, Home Phone Number, Unlisted, Preferred Last Name, First Name, Middle Name, Date of Birth, Proof of Age Document, Birth Certificate, Baptismal Certificate, Grade, Homeroom, Proof of Legal Name Verified By, OEN #, 911 Address #, Apt/Unit, Street Name, City/Town, Postal Code, Mailing Address, Previously Attended School in TLDSB?, School Name, Non-TLDSB Previous School Name and Board Name, Address, Language of Instruction, Last Date of Attendance, Board Residence Status, Pupil of the Board, Other Pupil, Study Permit/Temporary Pupil, Native Education Authority, Government of Canada, E-Learning, Citizenship, Citizen of, Canada, Other, Student Visa, Parent Work/Visa, Permanent Resident, Refugee, City of Birth, Province of Birth, Country of Birth, Date of First Entry to Canada, Verified Canadian Stamped Date of Entry on Passport, First Language, Has your child previously been receiving English as a Second Language (ESL) instruction?, Documentation Examined and Verified for Eligibility, Permanent Resident, Parent Guardian, Adult Student, Permanent Resident Stage 1 Approval Letter, Date of Permanent Resident Status, Stage 1 Approval Letter Date, Perm Res. Equivalent Documentation form Immigration, Refugees And Citizenship Canada (IRCC confirming approval in principle), Type of Document Reviewed, Date of Document, Confirmation of Refugee Status documentation from IRCC, Other/Fee Paying Pupil, Consideration of Eligibility (Convention Refugee), Fees Paid by, Date of Entry, Parent Study Permit, Student Study Permit, Dates Valid, Enrolled full time in Program Degree, Diploma, Certificate, Parent Work Permit, Exchange Student, Documentation from IRCC confirming approval of Work Permit, Country of Exchange, Reciprocal Student, Other Circumstances.

<b>Special Education</b>			
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 _____			
<b>Suspension/Expulsions</b>			
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 _____			
<b>Voluntary and Confidential – First Nation, Métis, and Inuit Self-Identification</b>			
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.			
<b>I consider my child to be of First Nation, Métis, and Inuit Ancestry</b> (Supporting documentation is not required) Yes <input type="checkbox"/>			
<i>The categories that apply to my child are checked below:</i>			
First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>			
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.			
<b>Parent / Guardian</b>			
<b>Students Living with Guardians</b> Custody Agreement Reviewed Yes <input type="checkbox"/> No <input type="checkbox"/>			
If there is no Custody Agreement, then all of the following criteria must be met in order for the child to attend without the payment of a tuition fee:			
Yes <input type="checkbox"/> No <input type="checkbox"/> The student is a Canadian citizen or a permanent resident of Canada;			
Yes <input type="checkbox"/> No <input type="checkbox"/> The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school;			
Yes <input type="checkbox"/> No <input type="checkbox"/> The guardian is assuming full responsibility for the care and well-being of the student and the student is residing with the guardian throughout the custody period;			
Yes <input type="checkbox"/> No <input type="checkbox"/> A written agreement is in place between the parents of the student and the guardian that sets out all of the above, as well as the respective responsibilities of the parents and the guardian.			
<b>Custody</b> Court Order Provided for filing in OSR <input type="checkbox"/> No Court Order <input type="checkbox"/>		Special Arrangement <input type="checkbox"/> Describe _____	
Both Parents <input type="checkbox"/> Shared <input type="checkbox"/>		Mother Exclusive <input type="checkbox"/> CAS <input type="checkbox"/>	
Father Exclusive <input type="checkbox"/> Agency <input type="checkbox"/>		Joint -Legal <input type="checkbox"/> Other <input type="checkbox"/> _____	
<b>Parent/Guardian 1</b> (primary contact)		Relationship to Student _____	
Last Name, First Name _____		Address, if different from student _____	
Living with student <input type="checkbox"/> Legal Guardian <input type="checkbox"/>		Receive Correspondence <input type="checkbox"/> Legal Custody <input type="checkbox"/> Access Denied <input type="checkbox"/> Migrant Worker <input type="checkbox"/>	
Home Phone _____ Cell Phone _____ Email _____		Can Contact in an Emergency <input type="checkbox"/> Place of Employment _____ Business Phone _____	
Can Contact at Work <input type="checkbox"/> Would like to Volunteer <input type="checkbox"/>			
<b>Parent/Guardian 2</b> (secondary contact)		Relationship to Student _____	
Last Name, First Name _____		Address, if different from student _____	
Living with student <input type="checkbox"/> Legal Guardian <input type="checkbox"/>		Receive Correspondence <input type="checkbox"/> Legal Custody <input type="checkbox"/> Access Denied <input type="checkbox"/> Migrant Worker <input type="checkbox"/>	
Home Phone _____ Cell Phone _____ Email _____		Can Contact in an Emergency <input type="checkbox"/> Place of Employment _____ Business Phone _____	
Can Contact at Work <input type="checkbox"/> Would like to Volunteer <input type="checkbox"/>			
<b>Emergency Contact 1</b> (other than parent/guardian listed above)		Contact Number(s) _____	
Last Name, First Name _____		Relationship to Student _____ Permission to Pick Up Student <input type="checkbox"/>	
<b>Emergency Contact 2</b> (other than parent/guardian listed above)		Contact Number(s) _____	
Last Name, First Name _____		Relationship to Student _____ Permission to Pick Up Student <input type="checkbox"/>	

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

<b>Siblings</b>			
Surname	First Name	School Attending (if different)	Grade
<b>Medical</b>			
Dr. Name _____		Phone Number _____	Health Card (Optional) _____
Student wears a MedicAlert Bracelet/Necklace Yes <input type="checkbox"/>		Registration # _____	
Immunization Record Received for Health Unit Yes <input type="checkbox"/> No <input type="checkbox"/>		FOR OFFICE USE	
*If you answer "Yes" to any of the medical conditions below, you will be asked to complete a Plan of Care.			
<b>ASTHMA</b>			<b>Asthma Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Asthma Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does your child require an inhaler for asthma response Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTES: _____			
<b>ANAPHYLAXIS</b>			<b>Anaphylaxis Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Anaphylactic Reactions? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, to: _____			
Does your child require epinephrine as part of an emergency response? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTES: _____			
<b>EPILEPSY</b>			<b>Epilepsy Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTES: _____			
<b>DIABETES</b>			<b>Diabetes Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTES: _____			
<b>OTHER MEDICAL CONDITIONS</b>			<b>Medical Management and Response Plan of Care Form on File</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have other serious or life-threatening medical conditions, serious allergies or health needs that may require intervention or emergency response at school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please briefly describe: _____			
<b>MEDICATION</b>			<b>Authorization for Storage and Administration of Prescribed Medication Form on File</b> <small>(only necessary if Medication not associated with Plan of Care)</small> Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require any type of medication administered or stored during the school day? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTES: _____			
<b>If you answered yes to the medication question above:</b>			
<ul style="list-style-type: none"> <li>If the medication is related to one of the medical needs listed, instructions, administration and storage of the medication will be outlined as part of the student Plan of Care.</li> <li>If the medication is required for a reason that does not require a Plan of Care to be created, parents/guardians are required to complete an Authorization for Administration and Storage of Medication Form.</li> </ul>			
<b>Secondary Students Only</b>			<b>Medication Received and Added to Medication Inventory Log</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>			<b>Student Log of Administered Medication Form Prepared</b> 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.			