



Superior-Greenstone District School Board

Elementary Student Registration Form

Manitowadge Public School School				
Admit Date	Grade	Teacher	OEN	

**Student Information**

Legal Surname (on Birth Certificate)	First Name	Middle Name
Preferred Surname	First Name	Middle Name
Male <input type="checkbox"/> Female <input type="checkbox"/>		
Gender	Date of Birth (yyyy-mm-dd)	Verification (i.e.: Birth Certificate, Baptismal Certificate, Other)
		Health Card No.
Bussing Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		

If students have siblings in the school, please list them.

**Previous School Information**

	Public <input type="checkbox"/> Separate <input type="checkbox"/>	
Previous School	Name of Board	
Street Address/Box Number	Municipality	Province
		Postal Code
Last Grade Attended	Late Date Attended (yyyy-mm-dd)	Reason for Transfer
		Language of Instruction
Is your child on a suspension/expulsion from their previous school? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, give details		

Has this student been identified through an IPRC? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this student have an Individual Education Plan (IEP)? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Additional information the school should be aware of.

**Student Medical Information**

If your child has a medical condition we need to be aware of please provide details above.

Is your child on medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	List Medication
Student's Physician	Phone Number
Copy of Immunization Record Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Student Address Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Street Address	Apartment No.	Box No.	Municipality	Postal Code
<input type="checkbox"/> Unlisted				
Home Phone Number				

**Parent / Guardian Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname of Mother/Female Guardian	First Name	Home Phone	Cell Phone	
<input type="checkbox"/> Unlisted				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Street Address	Apartment No.	Box No.	Municipality	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Business	Ext.	Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Lives with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Priority: 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/>		Receives Mail: Yes <input type="checkbox"/> No <input type="checkbox"/>		Access to Records: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname of Father/Male Guardian	First Name	Home Phone	Cell Phone	
<input type="checkbox"/> Unlisted				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Street Address	Apartment No.	Box No.	Municipality	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Business	Ext.	Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		Lives with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Priority: 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/>		Receives Mail: Yes <input type="checkbox"/> No <input type="checkbox"/>		Access to Records: Yes <input type="checkbox"/> No <input type="checkbox"/>

**Emergency Contact**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Relationship to Student	Home Phone
<input type="checkbox"/> Unlisted			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cell Phone	Ext.	Contact Priority: 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/>	
Business Phone			

Additional Contact (If Necessary):

The Ministry of Education, under the authority of The Education Act of the Province of Ontario, R.S., 1990 Ch. E2, Section 265, requires that each school maintain a record of basic information for each student registered in the school. The information will be used to:

- Document registration of the student;
- Identify any special needs of the student;
- Prepare the Ontario Student Record\* and office index card;
- Prepare class lists, attendance reports and other reports for the board and the Ministry of Education;
- Provide other school boards with required registration information if the student transfer to another school board;
- Supply the District Health Unit with information for public health records;
- Make emergency care arrangements for the student.

\*The Ontario Student Record (OSR) is a record folder containing information about your child including report cards and other personal information conducive to the improvement of the instruction of the student. Parent(s)/guardian(s) have the right to access or examine the contents of the OSR folder for their child who is under 18 years of age.

**I authorize the use of the information as noted in the above, and I understand that it is my responsibility to keep the school advised of any change in the information.**

Signature of the Parent/Guardian

Date