|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **School Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Today’s Date:** | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Year / Month / Day | | | | | | | | | | |
|  | **Anticipated Start Date:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | Year / Month / Day | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **OEN:** | | | | |  | | | | | | | | | | | | | |
| **Student’s Legal Name:** | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | | | | |  | | | First Name | | | | | | | | | | | | | | | | | |  | | | Middle Name | | | | | | | | | | |
| **Student’s Preferred Name:** *If different from legal name* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| Preferred Last Name | | | | | | | | | | | | | | | | | | |  | | | Preferred First Name | | | | | | | | | | | | | | | | | |  | | | Preferred Middle Name | | | | | | | | | | |
| **Grade:** | |  | | | | | **Gender:** | | | | |  | | | | | | | | | | | | | | | | | **Birth Date: (y/m/d)** | | | | | | | |  | | | | | | | | |  | | | |  | | | |
| **Proof of Age:** | | | Birth Certificate | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Other: *specify* | | | | | | | | | |  | | | | | | | | | | | | |
| **Siblings in this school? Names/grades:** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL ALERT INFORMATION /Disability/Allergy/Prevalent or Serious Medical Conditions of which the school should be aware:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student has been **diagnosed** with Prevalent Medical condition (Epilepsy, Asthma, Anaphylaxis, Diabetes) and a Plan of Care is *required.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VOLUNTARY STUDENT SELF-IDENTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **FOR ALL STUDENTS**: Please select one of the following choices: | | | | | | | | | | | | | | | | | | | | | | | | |
| This student is (check one): | | | | | | | First Nation (Status, Non-Status) | | | | | | | | | | | | | | | | | | | | Métis | | | | Inuit | | | | | Non-Indigenous | | | | | | | | | | | I do not wish to participate. | | | | | | |
| If First Nation, name of Community: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language(s) Spoken at Home: | | | | | | | | | English | | | | | | | French | | | | | | | | | | Ojibwe | | | | | Other (please specify): | | | | | | | | | | | |  | | | | | | | | | | |
| ***This information gathered will be kept confidential and collected as a whole, and will help the Rainy River District School Board allocate appropriate resources and supports to improve learning and student success.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HOME ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical Address:** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |
| Number/Street | | | | | | | | | | | | | | | | | | | | | | | | Unit # | | | | | | | | City/Township | | | | | | | | | | | | | | | | Postal Code | | | | | |
| **Is the Physical Address within the Boundaries of a First Nation Community?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |  | | | | | | | | | | | |  | | | | | |
| **Mailing Address:** *If different from above* | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | |
| Number/Street | | | | | | | | | | | | | | | | | | | | | | | | Unit # | | | | | | | | City/Township | | | | | | | | | | | | | | | | Postal Code | | | | | |
| **Home Phone Number:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Listed | | | | | | | | Unlisted | | | | | | | | | | | | | |
| **Name and Address of Last School Attended** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Country of Origin/Birth:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 1st Language Spoken: | | | | | | | | | | |  | | | |  | | | | |
| \*Entry Date into Canada: (copy of Immigration, Refugee or Visa documentation required) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | 2nd Language Spoken: | | | | | | | | | | |  | | | | | | | | |
| \****Complete the Confirmation of Pupil Eligibility for English as a Second Language/Literacy Development Funding form*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Custody Issues:** Yes  No | | | | | | | | | | | Details of Custody: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Special Education Program or Support** Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | **(If Yes, please describe.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PARENT/LEGAL GUARDIAN (First Emergency Contact)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | |  | | | First Name | | | | | | | | | | | | | | | | | | | | | | | |  | Relationship to Student | | | | | | | | | | |
| *Home Address: Specify address only if different from above* | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| Number/Street | | | | | | | | | | | | | | | | | | | | | | | | Unit # | | | | | City/Township | | | | | | | | | | | | | | | | Postal Code | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  | | | | | | | | |
| Home Telephone | | | | | | | | | | | | |  | Work Telephone | | | | | | | | | | | | | | | |  | Cell Phone | | | | | | | | | | | | | | **Email (required for CASL compliance)** | | | | | | | | |
| Guardian: | | | | Custody: | | | | | | | | | | | | | | Lives with Student: | | | | | | | | | | | | | | | Access to Records: | | | | | | | | | | Receives Mail: | | | | | | | | |  | |
| **PARENT/LEGAL GUARDIAN (Second Emergency Contact)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | |  | | | First Name | | | | | | | | | | | | | | | | | | | | | | | |  | Relationship to Student | | | | | | | | | | |
| Home Address: *Specify address only if different from above* | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| Number/Street | | | | | | | | | | | | | | | | | | | | | | | | Unit # | | | | | City/Township | | | | | | | | | | | | | | | | Postal Code | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  | | | | | | | | |
| Home Telephone | | | | | | | | | | | | |  | Work Telephone | | | | | | | | | | | | | | | |  | Cell Phone | | | | | | | | | | | | | | **Email (required for CASL compliance)** | | | | | | | | |
| Guardian: | | | | Custody: | | | | | | | | | | | | | | Lives with Student: | | | | | | | | | | | | | | | Access to Records: | | | | | | | | | | Receives Mail: | | | | | | | | | |  |
| Custody Information\*\* | | | | | Both Parents | | | | | | | | Mother Only | | | | | | | | | | | | Father Only | | | | | | | | Shared | | | | | Joint | | | | | | | | | Guardian | | | | C.A.S. | | |
| Living With: | | | | | Both Parents | | | | | | | | Mother Only | | | | | | | | | | | | Father Only | | | | | | | | Guardian | | | | | Other | | | | | | | | | C.A.S. | | | | | | |
| **Note:\*\* If guardianship, Written Custody Agreement or Court Order should be available upon request for audit purposes.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMERGENCY INFORMATION (other than Parent/Guardian)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |
| Contact Name | | | | | | | | | | | | | | | | | | | |  | | | Telephone w. Ext. | | | | | | | | | | | | | | | | | | |  | Relationship to Student | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | |
| Contact Name | | | | | | | | | | | | | | | | | | | |  | | | Telephone w. Ext. | | | | | | | | | | | | | | | | | | |  | Relationship to Student | | | | | | | | | | |
| **COLLECTION OF DATA/CONSENT TO DISCLOSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CANADIAN ANTI-SPAM LEGISLATION (CASL) CONSENT** | | | | | | | | | | | | |
| 1. In accordance with Section 29(2) of the *Municipal Freedom of Information and Protection of Privacy Act*, this is to advise you that the personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Rainy River District School Board under legal authority of Section 265 of the *Education Act* and Regulations (R.S.O. 1990 c.E.2). For questions about this collection, contact the Board’s Privacy Information Management Officer. 2. As the parent/guardian of the student named above, I hereby give permission for the following:    1. Publication/broadcast of their photo/image, voice and/or name on school publications/displays and by the news media.    2. Publication/broadcast of their photo/image, voice and/or name on school and/or Board websites and social media channels.    3. To have their school photo, as taken by a commercial photographer, included in class composites.   This information may be used to promote and celebrate positive day-to-day activities occurring at our schools, in addition to the successes and achievements of our students and school communities.   1. Digital tools, such as software, applications (apps), web services, browser extensions, etc., are used to administer educational programs and associated services. The collection of personal information to use some of these approved and vetted digital tools, while kept to a minimum, is necessary to deliver the services that we are mandated to provide by the Education Act.   **YES**  **NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CASL law came into force on July 1, 2014. As a result, the Rainy River District School Board, would like to ensure that we have your consent to receive newsletters, school and Board updates, announcements, event invitations, and other commercial electronic messages (CEMs) which may contain advertising or promotions regarding school fundraisers, lunch programs, field trips, sale of yearbooks, student pictures, books, prom or dance tickets, athletic events with an entry fee or similar events and offers.  If you wish to receive electronic communications from us, **we need your direct consent.**  **Do you consent to receive electronic communications from the Rainy River District School Board and schools?**  **YES  NO** | | | | | | | | | | | | |
| I hereby give permission for my child to participate in classroom information sessions, small groups, and/or individual support sessions with Children’s Mental Health Clinicians employed by the Kenora-Rainy River Districts Child and Family Services.  **YES  NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I further acknowledge and understand that information will only be collected or shared by KRRDCFS-CMH staff for the purposes of providing mental health related services. Collection and sharing of information will be in accordance with the *Municipal Freedom of Information and Protection of Privacy Act,* as well as the *Personal Health Information Protection Act.*  **YES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR STUDENTS RESIDING ON A FIRST NATION COMMUNITY ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For students subject of an Education Services Agreement between the Board and the First Nation community, student personal information collected on this registration form, including name, address, contact information, grade level, enrolment in Ojibwe language instruction, attendance and programming information will be used and disclosed to the applicable First Nation Administration as necessary for the purposes of facilitating student registration, educational programming and funding requirements in accordance with the *Education Act* (RSO 1990 c. E.2), the *Indian Act (*RSC 1985, C. 1-5) and the *Education Service Agreement* between the Board and the applicable First Nation. If you have any questions about this collection, use, and disclosure, please contact the school principal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If you have any questions or if you wish to withdraw your consent for any of the above, at any time, please contact the school your child attends.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIGNATURES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I verify that the information provided on this form is true and correct. I understand that it is my responsibility to advise the school of any changes in the above information. (One Parent/Guardian Signature Required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Legal Guardian Signature:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Parent/Legal Guardian Signature:** | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **When registering, please provide the following documents:** | |
|  | **Proof of Birth:**  Birth Certificate/Statement of Live Birth |
|  | **Any 2 of these:**  **Proof of Address:** (i.e. current; bank statement, car registration, utility bill, home phone/cable/internet bill, credit card statement, rental/lease/purchase agreement, property tax bill, correspondence from government agency),  **OR**  **Completed Written Notice** of the entity for eligible students to attend a school of a school board – Page 4 |
|  | **Guardianship:** Legal Documents submitted, for special guardianship, access or custody situations. |
|  | **Immigration Documents**, if applicable; and  **Confirmation of Pupil Eligibility** for English as a Second Language/Literacy Development Funding Form |
|  | Most Recent High School Ontario Student Transcript submitted, if applicable. |
|  | High School Course Selections submitted, if applicable. |
|  | F11 Student Transportation Info Form completed and sent to RRDTSC. |
|  | Student registration form completed. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***School Office Use Only*** | | | | | | | |
| *Student Name* **,** | | | | | | | |
| *OEN* | | *Student No.* | | | | | |
| *Admission Date (year/month/day)* | *Homeroom* | | | *Grade* | | *Teacher* | |
| *Documents used for address verification. N/A if completed written notice.* | | | | | | | |
| *1.* | | | | | *2.* | | |
| *Birth Verification:* Source Document | | | *Office Staff Initials* | | | | |
| ***If Birthplace other than Canada or Entering from Country outside Canada:***  *Complete Confirmation of Pupil Eligibility for ESL/Literacy Development Funding Form* | | | *Admission Status:*  *Pupil of the Board*  *Other Pupil*  *(must agree with physical address. Other Pupil flagged, initiate page 4)* | | | | *Signature of Principal/Designate*  *Date (y/m/d)* |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | **,** | | | | | | | **Grade:** | |  |
| **Parent/Guardian Name:** | | **,** | | | **Home Telephone:** | | | |  | |
| **WRITTEN NOTICE OF THE ENTITY FOR ELIGIBLE STUDENTS TO ATTEND A SCHOOL OF A SCHOOL BOARD** | | | | | | | | | | |
| The following information will be used by school administrative staff to collect information in keeping with the *Education Act.* The principle purpose for the collection of this information is to provide confirmation of pupil eligibility for the Reciprocal Education Approach and to initiate the Reciprocal Education Approach process. | | | | | | | | | | |
| ***To be completed by the Entity***  This notice is being initiated by  A band  A council of a band  An education authority that is authorized by a band or council of a band  The Crown in right of Canada  An education authority that is authorized by the Crown in Right of Canada | | | | | | | | | | |
| Legal Name of Entity | | |  | | | | | | | |
| **Contact Person’s Details** | | | | | | | | | | |
| Last Name: | | | | | First Name: | | | | | |
| Title: | | | | | | | | | | |
| **Address:** | | | | | | | | | | |
| Unit Number | Street Number | | | Street name | | | PO Box | | | |
| City/Town | | | | Province | | | Postal Code | | | |
| Telephone Number | | | | Fax Number | Email Address | | | | | |
| The above-named pupil is eligible to receive funding from the Crown in right of Canada, or a band, a council of a band, an education authority that is authorized by a band or a council of a band or by the Crown in Right of Canada.  The above-named pupil ordinarily resides on a reserve within the meaning of the *Indian Act* (Canada). | | | | | | | | | | |
| **Special Education Needs**  IEP (Individual Education Plan)  Behaviour  Intellectual  Communication  Physical  Multiple  Not Applicable | | | | | | | | | | |
| **TRANSFERRING** | | | | | | | | | | |
| Student’s credit count or most recent grade completed: | | | | | | | | | | |
| Entity will transfer or will affect the transfer of student’s Ontario Student Record (OSR) (if applicable)  The OSR is a permanent record for each student who enrolls in school in Ontario and accompanies the student if the student moves to another school in the province. Transfer of the OSR is important in order for the receiving school to track the student’s educational progress and other relevant documentation required for the successful educational progress of the student. The OSR may also contain important education accommodation, modification and/or health and custody-related information conducive to the student’s learning. | | | | | | | | | | |
| **SIGNATURE** | | | | | | | | | | |
| Name of Official | | | | | | Date (yyyy/mm/dd) | | | | |
| Signature of Official (I have authority to bind the above entity) | | | | | | | | | | |