

For School Use

Student _____

SCDSB Student # _____

OEN _____

Grade _____

Date Reg. Rec'd _____

OSR Requested from Previous School

OSR Received from Previous School

Student Registration Form

Welcome to the Simcoe County District School Board (SCDSB). To register your child at an SCDSB elementary or secondary school, please complete the Student Registration Form and go to the school they will attend.

When registering, please bring the following documents with you to the school:

- Proof of birth date** – one of the following documents must be presented: birth certificate, certified statement of live birth, birth registration, Canadian citizenship card, Canadian permanent resident card, confirmation of permanent resident, certificate of Indian Status Card, passport, baptismal certificate, registration of adoption, record of landing, report pursuant to the immigration and refugee protection act, or student authorization/study permit.
- Proof of residency** – one of the following documents must be presented showing the student's primary home address: property tax assessment, lease/rental agreement, ownership title, proof of purchase for the primary residence, utility bill in the name of the parent(s)/guardian(s), letter of residency or statutory declaration.
- Proof of Canadian citizenship or residency status** – Canadian birth certificate, Canadian citizenship card, permanent resident card, confirmation of permanent resident, report pursuant to the immigration and refugee protection act, record of landing, study permit, work permit.
- Legal documentation defining custody and access** (if applicable)
- Court Order** (if applicable)
- Record of immunization** – to assist the Simcoe Muskoka District Health Unit in meeting its requirement under the Immunization of School Pupils Act (ISPA).

Other documents that may be requested from the parent(s)/guardian(s) to support the student's needs may include:

- Medical and health information including the completion of the SCDSB Student Medical Form.
- Copy of the Individual Education Plan (IEP)
- Copy of the Identification, Placement and Review Committee (IPRC) statement of decision
- Copy of the most recent report card
- Copy of the Ontario Student Transcript – secondary only
- Copy of the secondary school status sheet – secondary only
- Ontario Secondary School Literacy Test (OSSLT) results – secondary only
- Record of community involvement hours – secondary only
- Student timetable or course selections from the previous school – secondary only

Families New to Canada

Families new to Canada, please visit the SCDSB Newcomer Welcome Centre (NWC) at 320 Bayfield Street Barrie, Ontario L4M 3C1 (Bayfield Mall). The NWC will help create a smooth transition for students and families coming to an SCDSB school from outside of Canada.

Who Should Visit the NWC? – Students entering Canada for the first time; students who are permanent residents, refugees, have diplomatic status or are accompanying parents with a work or study permit; students who entered Canada and Ontario within the last four years or students have attended another school system in Canada.

Please visit the SCDSB website for information about our schools, programs and services.

www.scdsb.on.ca

For School Use	School _____	Date Rec'd _____	Enrol Date _____
SCDSB Student # _____	OEN _____	Grade _____	Homeroom _____
		Homeroom _____	Homeroom Teacher _____

NOTE: OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED.

STUDENT INFORMATION

Basic Information		
Legal Name		
Legal Last Name _____	Legal First Name _____	Legal Middle Name _____
Preferred Name (if different from legal name, please indicate below)		Gender Identity
Preferred Last Name _____	Preferred First Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		
Month _____	Day _____	Year _____
Grade Entering _____	Home Phone Number _____	
For School Use – Proof of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Statement of Live Birth <input type="checkbox"/> Birth Registration <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Canadian Permanent Resident Card <input type="checkbox"/> Confirmation of Permanent Resident <input type="checkbox"/> Indian Status Card <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Record of Landing <input type="checkbox"/> Student Study Permit <input type="checkbox"/> Immigration and Refugee Protection Act <input type="checkbox"/> Other _____		

Voluntary Self-Identification of First Nation, Métis and Inuit Students			
Simcoe County District School Board is committed to providing programs that result in improved success for First Nation, Métis and Inuit Students. All First Nation, Métis and Inuit Students have the right to voluntarily self-identify in accordance with SCDSB Policy 4195, Voluntarily, Confidential Self-Identification of First Nation, Métis and Inuit Students.			
If choosing to self-identify, please check the appropriate box. <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			

Address			
Property Address			
House # / 911 # _____	Street Name _____	Apt. # / Suite # / Unit # _____	
City / Town / Municipality _____	Province _____	Postal Code _____	
Mailing Address <input type="checkbox"/> Same as Property Address above (if not the same as Property Address, please provide below)			
House # / 911 # _____	Street Name / R.R. # _____	P.O. Box _____	Apt. # / Suite # / Unit # _____
City / Town / Municipality _____	Province _____	Postal Code _____	
For School Use – Proof of Address <input type="checkbox"/> Property Tax Assessment <input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Ownership Title <input type="checkbox"/> Utility Bill <input type="checkbox"/> Letter of Residency <input type="checkbox"/> Purchase Agreement for Primary Residence <input type="checkbox"/> Statutory Declaration <input type="checkbox"/> Other _____			

PARENT / GUARDIAN INFORMATION

Custody, Court Order, and Living With Information	
Custody <input type="checkbox"/> Both Parents <input type="checkbox"/> Joint <input type="checkbox"/> Crown <input type="checkbox"/> Other (please specify) _____	
Court Order filed in OSR <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Living With (please specify) _____
Note: It is the responsibility of the parent to provide a copy of the most recent court order/custody agreement for the Ontario Student Record (OSR) and to inform the school about any special custody and/or access arrangements, including restraining orders, interim orders, amending orders, etc.	

Parent / Guardian #1	
Relationship to Student _____	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name _____	Work Phone _____
First Name _____	Work Ext. _____
Home Phone _____	Cell Phone _____
Email Address _____	Language Spoken at Home _____
Address (if different from student)	
House # / 911 # _____	Street Name _____
City / Town / Municipality _____	Province _____
	Postal Code _____

PARENT / GUARDIAN INFORMATION (continued)

Parent / Guardian #2	
Relationship to Student	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	Work Phone
First Name	Work Ext.
Home Phone	Cell Phone
Email Address	Language Spoken at Home
Address (if different from student) _____ House # / 911 # _____ Street Name _____ Apt. # / Suite # / Unit # _____ _____ City / Town / Municipality _____ Province _____ Postal Code _____	

Parent / Guardian #3	
Relationship to Student	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	Work Phone
First Name	Work Ext.
Home Phone	Cell Phone
Email Address	Language Spoken at Home
Address (if different from student) _____ House # / 911 # _____ Street Name _____ Apt. # / Suite # / Unit # _____ _____ City / Town / Municipality _____ Province _____ Postal Code _____	

Parent / Guardian #4	
Relationship to Student	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name	Work Phone
First Name	Work Ext.
Home Phone	Cell Phone
Email Address	Language Spoken at Home
Address (if different from student) _____ House # / 911 # _____ Street Name _____ Apt. # / Suite # / Unit # _____ _____ City / Town / Municipality _____ Province _____ Postal Code _____	

EMERGENCY CONTACT INFORMATION (other than parent / guardian)

Emergency Contact #1	
Relationship to Student	Work Phone
Name (Last Name, First Name)	Work Ext.
Home Phone	Cell Phone

Emergency Contact #2	
Relationship to Student	Work Phone
Name (Last Name, First Name)	Work Ext.
Home Phone	Cell Phone

MEDICAL INFORMATION

Life Threatening Medical Conditions
Does the student have a "Life Threatening" medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details.
Does the student require an EPIPEN? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student require Insulin, Glucagon, other? Please specify.
Non-Life Threatening Medical Conditions
Are there any non-life threatening medical conditions the school should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details.
For School Use – Information Received <input type="checkbox"/> Student Medical Health Data Form <input type="checkbox"/> Immunization Record

CITIZENSHIP AND COUNTRY OF BIRTH INFORMATION

Country of Birth		Province of Birth (if born in Canada)	
If not born in Canada, original date of first entry into Canada (yyyy/mm)		Country of Citizenship	
Residence Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa <input type="checkbox"/> Refugee Status			
First Language		Language Spoken at Home	
For School Use – Verification of Status in Canada <input type="checkbox"/> Canadian Birth Certificate <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Permanent Residency Card			
<input type="checkbox"/> Record of Landing <input type="checkbox"/> Immigration and Refugee Protection Act <input type="checkbox"/> Study Permit – Expiry Date _____			
<input type="checkbox"/> Work Permit – Expiry Date _____ <input type="checkbox"/> Other _____			

EDUCATIONAL BACKGROUND

Previous School Attended			
Grade at Previous School		French Program at Previous School <input type="checkbox"/> Core <input type="checkbox"/> Extended <input type="checkbox"/> Immersion	
Name of Previous School		Phone Number	
Address of Previous School			
Street #		Street Name	
City / Town / Municipality		Province	Postal Code
Last Date of Attendance Month		Day	Year
Student was previously registered at a SCDSB School <input type="checkbox"/> Yes <input type="checkbox"/> No		Year of attendance at the SCDSB School (yyyy)	
Name of the most recent SCDSB school attended			
IF THE PREVIOUS SCHOOL ABOVE IS NOT AN SCDSB SCHOOL, THE SCHOOL IMMUNIZATION HISTORY FORM SHOULD BE COMPLETED			

Special Education Assistance			
Student previously received Special Education assistance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Student has been identified through the IPRC process (Identification Placement and Review Committee) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student has an IEP (Individual Education Plan) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Information			
Safety Plan for the student is on file in the Ontario Student Record (OSR) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student requires an Individual Student Transportation Plan (ISTP) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student previously received English Second Language (ESL) assistance <input type="checkbox"/> Yes <input type="checkbox"/> No			

Suspensions / Expulsions			
Is the student currently suspended from any school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	School Name
Has the student ever been expelled from another school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	School Name
Was the student re-enrolled in school?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Athletic Eligibility – For Secondary Students Only			
Athletic eligibility at this school may be restricted under certain circumstances for the next 12 months if the student is transferring from another secondary school. If the student wishes to be involved in athletics at the new school, a ruling under Ontario Federation of School Athletics Associations (OFSAA) transfer policy must be obtained. Please contact the school athletic director for these forms.			

SIBLINGS ATTENDING A SIMCOE COUNTY DISTRICT SCHOOL BOARD SCHOOL

Sibling's Last Name	Sibling's First Name	Relationship	SCDSB School	Grade

PARENT / GUARDIAN / ADULT STUDENT ACKNOWLEDGEMENTS

Signature Required			
Personal information collected on this form will be used to establish the Ontario Student Record (OSR), support the provision of educational services and to administer health and first aid services and/or medical emergency response to students as required. Information is collected under the authority of the s.170, s.190, s.264, and/or s.265 of the <i>Education Act</i> and <i>Sabrina's Law</i> in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Please refer to the Student Information Practices statement available on the Simcoe County District School Board website for further information at www.scdsb.on.ca . Questions regarding information collected on this form should be directed to the school principal.			
I certify that the information that I have provided on this form is accurate and current to the best of my knowledge. I understand that copies of Custody documentation, if applicable, will be included in the OSR.			
Parent / Guardian / Adult Student		Name (please print)	Signature
			Date

Kindergarten Entry Questionnaire

Student Name: _____

 Date of Birth: _____ / _____ / _____ School: _____
Month Day Year

This questionnaire is an important step in developing a positive working relationship between home and school. The information you provide will help school staff plan how to meet your child's learning needs.

Please place a check (✓) in the box that applies to your child.

Background Information	
1. My child attended: <input type="checkbox"/> Nursery School <input type="checkbox"/> Pre-school <input type="checkbox"/> Daycare <input type="checkbox"/> Home daycare	Name of program: _____ How old was your child when they started this program? _____
2. English is my child's first language. <input type="checkbox"/> Yes <input type="checkbox"/> No	Languages spoken at home: _____
3. My child is independently toilet trained. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If no, please use the check boxes below to indicate needs for toileting.</i>	
a) My child wears: <input type="checkbox"/> Underwear <input type="checkbox"/> Pull-Ups <input type="checkbox"/> Diapers	
b) For toileting my child: <input type="checkbox"/> seeks assistance <i>(fill in details)</i> _____ <input type="checkbox"/> requires full support <i>(fill in details)</i> _____	

Favourite Activities:

How often does your child participate in the following activities?

	Rarely / Never	Sometimes	Often	Very Often
Art or craft activities (e.g. drawing or colouring)				
Building (e.g. blocks, Lego)				
Imagination play (e.g. role playing, dress up)				
Playing outside				
Playing video games and computer games				
Playing with other children				
Reading / looking at picture books				
Solitary play				
Watching television / videos				

This form will be stored in a secure location pending the creation of an Ontario Student Record for your child.

Play Skills:

Description of Play Skills	Rarely / Never	Sometimes	Often	Very Often
1. My child is able to ask to join in an activity with other peers.				
2. When playing, my child takes turns.				
3. When playing, my child shares.				
4. When playing, my child plays well with others.				

Self-Regulation:

Description of Self-Regulation Skills	Rarely / Never	Sometimes	Often	Very Often
1. My child can tell me what he/she likes or dislikes.				
2. My child can wait.				
3. My child can keep his/her hands to himself/herself, even when upset or angry.				
4. My child can calm down when upset or angry.				
5. My child accepts being told “no” without becoming upset and angry.				
6. My child continues to try when something is difficult.				
7. My child can easily transition between activities (e.g. play to tidy up time).				

Additional Information: Please check off all that apply and provide details.

I have accessed the following support(s) for my child:		
<input type="checkbox"/> Medical professional <i>(e.g. Family Dr. or pediatrician)</i>	<input type="checkbox"/> Speech and Language Pathologist (SLP)	<input type="checkbox"/> Early Intervention Resource Teacher
<input type="checkbox"/> Physical Therapist (PT)	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Behaviour services
<input type="checkbox"/> Occupational therapist (OT)	<input type="checkbox"/> Other:	

I have concerns with my child's:		
<input type="checkbox"/> Hearing	<input type="checkbox"/> Gross motor skills <i>(e.g. running, walking)</i>	<input type="checkbox"/> Independence
<input type="checkbox"/> Vision	<input type="checkbox"/> Fine motor skills <i>(e.g. pencil grasp, picking up small items)</i>	<input type="checkbox"/> Social interactions with peers
<input type="checkbox"/> Listening skills	<input type="checkbox"/> Sensory processing	<input type="checkbox"/> Safety <i>(e.g. wandering)</i>
<input type="checkbox"/> Speaking skills	<input type="checkbox"/> Attention skills	<input type="checkbox"/> Other:

I want you to know the following about my child:

Please use this section to provide any additional information you feel the school team needs to know to ensure your child has a successful transition to Kindergarten.

Thank you!

Information on this form is collected in accordance with the Education Act, Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act, and shall be used to support the child's pre-school transition and the provision of education services to the student. Questions regarding information collected on this form may be addressed to the school principal.