

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):			Sex (per birth documentation):
Preferred Last Name		Preferred First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:			
Month (mm)		Day (dd)	Year (yyyy)
Grade Entering:		Home Phone Number (###.###.####):	
		<input type="checkbox"/> Unlisted	

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
City / Town / Municipality		Province	Postal Code

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:			

COUNTRY OF BIRTH, CITIZENSHIP AND LANGUAGE			
Country of Birth:		Province of Birth (if born in Canada):	
If not born in Canada, original date of first entry into Canada:			
Month (mm)		Day (dd)	Year (yyyy)
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:	

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			

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"/> Special Arrangement
		<input type="checkbox"/> Exclusive
Court Order filed in OSR:	Student Living With (please specify):	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PARENT / GUARDIAN #1		
Relationship to Student:	Work Phone (###-###-####):	
Last Name:	Work Ext.:	
First Name:	<input type="checkbox"/> Not to be contacted at work	
Home Phone (###-###-####):		
Email Address:	Cell Phone (###-###-####):	
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

PARENT / GUARDIAN #2		
Relationship to Student:	Work Phone (###-###-####):	
Last Name:	Work Ext.:	
First Name:	<input type="checkbox"/> Not to be contacted at work	
Home Phone (###-###-####):		
Email Address:	Cell Phone (###-###-####):	
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

PARENT / GUARDIAN #3		
Relationship to Student:	Work Phone (###-###-####):	
Last Name:	Work Ext.:	
First Name:	<input type="checkbox"/> Not to be contacted at work	
Home Phone (###-###-####):		
Email Address:	Cell Phone (###-###-####):	
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

PARENT / GUARDIAN #4		
Relationship to Student:	Work Phone (###-###-####):	
Last Name:	Work Ext.:	
First Name:	<input type="checkbox"/> Not to be contacted at work	
Home Phone (###-###-####):		
Email Address:	Cell Phone (###-###-####):	
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	
Contact in Case of Emergency:	Lives with Student:	To receive Mail / Correspondence:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Parent/Guardian Information (continued)

PARENT / GUARDIAN #5		
Relationship to Student:	Work Phone (###-###-####):	
Last Name:	Work Ext.:	
First Name:	<input type="checkbox"/> Not to be contacted at work	
Home Phone (###-###-####):	Cell Phone (###-###-####):	
Email Address:		
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	
Contact in Case of Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	To receive Mail / Correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No

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 (###-###-####):	
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	

EMERGENCY CONTACT #2		
Relationship to Student:	Work Phone (###-###-####):	
Name (Last Name, First Name):	Work Ext.:	
Home Phone (###-###-####):	Cell Phone (###-###-####):	
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	

EMERGENCY CONTACT #3		
Relationship to Student:	Work Phone (###-###-####):	
Name (Last Name, First Name):	Work Ext.:	
Home Phone (###-###-####):	Cell Phone (###-###-####):	
Address (if different from student):	House # / 911 #	Street Name
	Apt. # / Suite # / Unit #	
	City / Town / Municipality	Province
	Postal Code	

Siblings Attending a Simcoe County District School Board School

ELEMENTARY AND SECONDARY				
Sibling's Last Name	Sibling's First Name	Relationship	SCDSB School	Grade

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:	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality	Province	Postal Code
Last Date of Attendance:	Month (mm)	Day (dd)	Year (yyyy)
	IF THE PREVIOUS SCHOOL ABOVE IS NOT AN SCDSB SCHOOL, THE SCHOOL IMMUNIZATION HISTORY FORM SHOULD BE COMPLETED		
Student was previously registered at a SCDSB School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year of attendance at the SCDSB School:	YYYY
If "Yes" name of the most recent SCDSB school attended:			
Student's legal name was the same as entered on Page 1:	If "No" provide student's previous legal name below:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Legal Last Name		Previous Legal First Name
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	
SUSPENSIONS/EXPULSIONS			
Is the student currently suspended from any school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes", Name of school:			
Has the student ever been expelled from another school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes" Name of school:			
Was the student re-enrolled in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ENGLISH AS A SECOND LANGUAGE			
Has the student previously received ESL assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ADDITIONAL INFORMATION			
Safety Plan for the student is on file in the 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	
FOR SECONDARY STUDENTS ONLY			
Date the student started Grade 9:	Month (mm)	Day (dd)	Year (yyyy)
Grade 10 Ontario Secondary School Literacy Test (OSSLT) successfully completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Community Involvement hours completed to date:	hours		
Athletic Eligibility			
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 OFSAA transfer policy must be obtained. Please contact the school athletic director for these forms.			
ACKNOWLEDGEMENT			
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.			
ADDITIONAL INFORMATION			
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:	Please Print	Signature	Date (mm/dd/yyyy)

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.