



# APPLICATION FOR ADMISSION TO ELEMENTARY SCHOOL

SCHOOL USE ONLY	
Student No:	
Track:	
Grade:	
Register:	
Admit Date:	
Admit Code:	
Program:	
OEN:	
Homeroom:	
Age Verification:	
Immunization:	

**SCHOOL NAME:**

Legal Name:	Surname	First Name	Middle Name
Preferred Name:	Surname	First Name	Middle Name
Gender: Male	Female	Student's Date of Birth:	
		YYYY MMM DD	
Present Grade:	Present Program:	List Siblings in the School Board:	

Has your child ever attended an OCDSB school?:	Yes	No
Previous School:	Previous School Board:	
School Address:	Previous Grade/Program:	
		Mident #
		Phone #
		Fax #

Health Card Number:	Version:
Medical Alert Information/Disability/Allergies:	
Doctor's Name:	Phone Number:

Country of Birth:	Country of Last Residence:
Province of Birth:	First Arrival Date to Province:
Country of Citizenship:	First Arrival Date to Canada:
Status in Canada:	Language(s) Spoken at Home:
First Language:	Main Language at Home:

Home Address:	Number	Street	Apartment
		City	Province
		Postal Code	
Home Phone:	Listed:	Unlisted:	

**SPECIAL EDUCATION**

Has your child ever received special education assistance?:	Yes	No
If "Yes" to above, provide dates and locations:		

**VOLUNTARY ABORIGINAL SELF-IDENTIFICATION**

Is your child of Aboriginal descent or ancestry?	Yes	No
If "Yes" to above, please indicate:		
		First Nation
		Inuit
		Metis

**ESL/ELD PROGRAM**

Family Reception Centre Use Only - Recommended STEP Placement 1-6				
ESL	Oral	Reading	Writing	
ELD	Oral	Reading	Writing	NO ESL

TRAVEL <u>(School Use Only)</u>	PICK UP point is nearest to the address of	DROP OFF point is nearest to the address of
<small>IF STUDENT IS ELIGIBLE TO TAKE A SCHOOL BUS</small>	<small>(check one box only)</small>	<small>(check one box only)</small>
	Student      Sitter      Second Parent/ Guardian	Student      Sitter      Second Parent/ Guardian
Additional Information:		

PARENT/GUARDIAN INFORMATION

Student Name: \_\_\_\_\_

Name:	Mr./Mrs.	Surname	First Name	Male	Female
			Status in Canada		
Relationship to Student:	Place of Employment:				
Emergency Contact Priority:	1	2	3	4	School Closure Contact Priority: 1 2 3 4
Home Phone Number:	Business Phone Number:			Ext.	
Cell Phone Number:	E-mail Address:		E-mail Address (2):		
Guardian:	Custody:	Lives with Student:	Agency Name (if applicable)		
Access to Records:	Receives Mail:				
Address: (if different from student)	Number	Street		Unit/Apartment	
		City/Township	Province	Postal Code	

Name:	Mr./Mrs.	Surname	First Name	Male	Female
			Status in Canada		
Relationship to Student:	Place of Employment:				
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Access to Records:	Receives Mail:				
Address: (if different from student)	Number	Street		Unit/Apartment	
		City/Township	Province	Postal Code	

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS / GUARDIANS)

Name:	Mr./Mrs.	Surname	First Name	Male	Female
Relationship to Student:	Place of Employment:				
Emergency Contact Priority:	1	2	3	4	School Closure Contact Priority: 1 2 3 4
Home Phone Number:	Business Phone Number:			Ext.	
Cell Phone Number:	E-mail Address:				

SITTER INFORMATION

Name:	Mr./Mrs.	First Name	Surname	Male	Female
Emergency Contact Priority:	1	2	3	4	School Closure Contact Priority: 1 2 3 4
Home Phone Number:					
Sitter's Address:	House Number & Street		City/Province	Postal Code	

ACKNOWLEDGEMENT

The personal information on this form is gathered under the authority of the *Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended*, as well as, *Immunization of School Pupils Act* and the *Personal Health Information Protection Act*, and will be used by the school and central administrative staff to register and place the student and to provide a broad range of academic, health and administrative services. In addition, the information may be used to deal with matters of health and safety or discipline and may be disclosed as required by law under the *Education Act* or any other Act. Anyone having the right, may access this information by contacting the principal of the school. Please keep the school advised of any changes in the above information as soon as possible. For questions about this collection, speak to the school principal. Specific questions can be directed to Freedom of Information Coordinator at OCDSB-Administration Building, 133 Greenbank Road, Ottawa, ON, (613) 596-8211. CONFIDENTIAL WHEN COMPLETED.