

Parent / Guardian Information**Student Name:**

| | | | | | |
|--------------------------------------|--|-------------------------------------|---------------------------------|---|-----------------|
| Surname: | | | First Name: | | |
| Status in Canada: | | | Relationship to Student: | | |
| Place of Employment: | | | | | |
| Emergency Contact Priority: 1 | | 2 | 3 | School Closure Contact Priority: 1 | |
| | | | | 2 | 3 |
| Home Phone No.: | | Business Phone No.: | | Cell: | |
| E-mail (1): | | E-mail (2): | | Guardian: | Custody: |
| Lives with Student: | | Agency Name (if applicable): | | | |
| Access to Records: | | Receives Mail: | | | |
| Address (Street Number): | | Street Name: | | Unit/Apartment: | |
| (if different from student) | | | | | |
| City/Township: | | Province: | | Postal Code: | |

| | | | | | |
|--------------------------------------|--|-------------------------------------|---------------------------------|---|-----------------|
| Surname: | | | First Name: | | |
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| Place of Employment: | | | | | |
| Emergency Contact Priority: 1 | | 2 | 3 | School Closure Contact Priority: 1 | |
| | | | | 2 | 3 |
| Home Phone No.: | | Business Phone No.: | | Cell: | |
| E-mail (1): | | E-mail (2): | | Guardian: | Custody: |
| Lives with Student: | | Agency Name (if applicable): | | | |
| Access to Records: | | Receives Mail: | | | |
| Address (Street Number): | | Street Name: | | Unit/Apartment: | |
| (if different from student) | | | | | |
| City/Township: | | Province: | | Postal Code: | |

Emergency Contact Information (Other Than Parents / Guardians)

| | | | | | |
|--------------------------------------|--|----------------------------|-----------------------------|---|---|
| Surname: | | | First Name: | | |
| Relationship to Student: | | | Place of Employment: | | |
| Emergency Contact Priority: 1 | | 2 | 3 | School Closure Contact Priority: 1 | |
| | | | | 2 | 3 |
| Home Phone No.: | | Business Phone No.: | | E-mail: | |

Caregiver Information

| | | | | | |
|--------------------------------------|--|--------------------------------|--------------------|---|---|
| Surname: | | | First Name: | | |
| Emergency Contact Priority: 1 | | 2 | 3 | School Closure Contact Priority: 1 | |
| | | | | 2 | 3 |
| Home Phone No.: | | House No. & Street: | | | |
| City/Province: | | Postal Code: | | | |

Acknowledgement

The personal information of this form is collected under the authority of the Education Act (RSO. 1990 c.E.2) and the Municipal Freedom of Information and Protection of Privacy Act (RSO. 1990 c.M56), as amended. It will be used to establish the Ontario Student Record [OSR] and for student and education related purposes such as registration, administration, communication, collection of fees, data reporting, and Student Transportation Services. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to allow enforcement matters, and with third parties in accordance with established service agreements or in accordance with any other Act. Questions or concerns should be directed to the school principal or the Board's Freedom of Information Coordinator, Ottawa-Carleton District School Board, 133 Greenbank Road, Ottawa, Ontario, K2H 6L3, Telephone 613-596-8211 ext. 8607.

Parent / Guardian Signature (Please print this form)

Date
To be filed in OSR