

PARENT/GUARDIAN	THIRD PARENT/GUARDIAN Mr./Mrs./Ms./Dr./Rev. (please circle one)		Name _____		Employer Telephone # _____ () _____ Ext. _____
			Last Name _____ First Name _____		Cell # _____ () _____
	For emergency purposes, please indicate if this is contact #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> Relationship to Student: Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/>				Pager # _____ () _____
	Proof of legal guardianship and/or documentation is required for any of the following: Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Guardian <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Group Home <input type="checkbox"/>				Email Address _____
				CITIZENSHIP	
				Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Non Landed <input type="checkbox"/> Refugee <input type="checkbox"/> Work/Study Permit <input type="checkbox"/> Diplomat Status <input type="checkbox"/>	
		PLEASE COMPLETE ONLY IF ADDRESS & PHONE NUMBER IS DIFFERENT FROM STUDENT 			
Address _____		City/Town _____ House # _____		Street Name _____ Apt./Unit # _____	
Province _____		Postal Code _____		Residence Telephone # _____ () _____	

CUSTODY INFORMATION	Are parents separated? Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who has legal custody? _____				
	With whom does the student reside? _____		Are there any special arrangements pertaining to access visitation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, what are the arrangements? Provide copy of custody order _____				
	Is the student a Ward of Children's Aid Society? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Name of Social Worker, if applicable _____		Telephone # _____ () _____		

HOME LANGUAGE	TO BE COMPLETED BY ALL REGISTRANTS	
	To best serve the student, we ask that you carefully read this section and complete it as accurately as possible	
	The language the student first learned to speak _____	The main language spoken to the student by adults in the home _____
	The main language spoken by the student at home _____	The main language spoken by adults at home _____
	Has the student resided outside of Canada since the date of the first time entry? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate Date of Re-entry into Canada if absent for a period of more than one year from the first time entry date (does not apply to those students who were born in Canada) _____ month/day/year	
Country of residence prior to most recent entry into Canada _____ country		

HOME LANGUAGE	TO BE COMPLETED BY ALL REGISTRANTS	
	Has the student ever been away from school for any period of time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, indicate the date from: _____ month/day/year	date to: _____ month/day/year
	Please indicate reason for school interruption: _____	
Note: If new to Canada, we ask that you please provide the school with a copy of the student's most recent Report Card <input type="checkbox"/>		

ADDITIONAL INFORMATION	To best serve students with special needs, please complete the following:		
	In previous board attended was the student involved in special education programs and/or services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please sign the appropriate consent form S7 which is available at the school office.		
	If this is the first time you are registering to attend school in Ontario, please indicate if there are special needs.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please contact the Catholic Education Centre, Student Service Department at extension 11631 to plan for the student's needs accordingly.		
Has the student ever been expelled from another school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, was the student re-admitted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the student currently under suspension from school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How many times was student suspended	_____

I certify that the information contained herein is accurate.

Parent/Guardian Signature: _____ **Date:** _____
month/day/year

Personal information contained on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and the use of this personal information should be directed to the Privacy Manager, York Catholic District School Board, 320 Bloomington Rd. W., Aurora, Ontario, L4G 0M1 or call (905) 713-2711.

IMPORTANT – PLEASE READ

To ensure a safe environment for all students, we ask that the parent/guardian fully complete and sign the Emergency Procedures & Consent Form. If the student does not have allergies or a medical condition, we ask that you please complete all the sections on this form except for the Medical Information section; sign where indicated and return to the school.

EMERGENCY PROCEDURES AND CONSENT FORM

STUDENT'S LAST NAME	STUDENT'S FIRST NAME	BIRTHDATE(month/day/year)	GRADE

Home Address _____ Apt./Unit # _____ City/Town _____
House Number / Street Name

Province _____ Postal Code _____ Residence Telephone # () _____

If student does not reside with Both Parents, indicate student residing with: Mother Father Other Please indicate relationship: _____

Is there a Custody Order/Visitation Access/Special Arrangements? Yes No If yes, ensure information is filled out on Page 3

FIRST PARENT/GUARDIAN PLEASE PRINT FULL NAME

Name: _____
Last Name First Name

Relationship to the Student: _____

For emergency purposes, please indicate if you are contact #1 #2 #3

Employer Telephone # () _____ Ext. _____

Cell # () _____ Pager # () _____

Email Address: _____

Please indicate home address and phone # if different from student: _____

SECOND PARENT/GUARDIAN PLEASE PRINT FULL NAME

Name: _____
Last Name First Name

Relationship to the Student: _____

For emergency purposes, please indicate if you are contact #1 #2 #3

Employer Telephone # () _____ Ext. _____

Cell # () _____ Pager # () _____

Email Address: _____

Please indicate home address and phone # if different from student: _____

THIRD PARENT/GUARDIAN PLEASE PRINT FULL NAME

Name: _____
Last Name First Name

Relationship to the Student: _____

Please indicate home address and phone # if different from student: _____

For emergency purposes, please indicate if you are contact #1 #2 #3

Employer Telephone # () _____ Ext. _____

Cell # () _____ Pager # () _____

Email Address: _____

IF THE SCHOOL IS UNABLE TO REACH THE PARENT/GUARDIAN IN CASE OF AN EMERGENCY, WE REQUEST THAT YOU PLEASE CONTACT THE FOLLOWING PERSON(S):

Must be other than parent/guardian

Other Emergency Contact
Please indicate if this is contact #2 #3 #4 #5

Name: _____
Last Name First Name

Relationship to student: _____

Address: _____ Apt. /Unit # _____
House Number / Street Name

City/Town: _____ Province: _____

Telephone # () _____ Cell # () _____

Other Emergency Contact
Please indicate if this is contact #2 #3 #4 #5

Name: _____
Last Name First Name

Relationship to student: _____

Address: _____ Apt. /Unit # _____
House Number / Street Name

City/Town: _____ Province: _____

Telephone # () _____ Cell # () _____

PLEASE COMPLETE AND SIGN THE BACK OF THIS FORM – SEE OVER

EMERGENCY FORM (cont'd)

EMERGENCY PROCEDURES AND CONSENT FORM

CAREGIVER or DAYCARE CENTRE: Caregiver/Daycare information is **important**. If completed, this information will be used for transportation purposes:

If the student goes to a Caregiver or Daycare Centre Before and/or After school indicate: Before School After School

Name of Caregiver _____ Telephone # () _____
Contact during the day

Address: _____ City/Town _____ Postal Code _____

Name of Daycare Centre _____ Telephone # () _____
Contact during the day

Address: _____ City/Town _____ Postal Code _____

Physician's Name _____ **Telephone #** () _____ **Ext.** _____

In the event that neither a parent, nor the emergency contact person can be reached, I authorize the Principal or his/her designate to transport my son/daughter to the nearest medical facility by ambulance if deemed necessary.

SCHOOL CLOSURE CONTACT (Complete only if the student is not sent to his/her own home). If my child(ren) must be sent home because of a Board approved reason (i.e. inclement weather etc.) and if I cannot be reached, I have directed my child(ren) to go to:

Same as: Emergency Contact #1 Emergency Contact #2 Caregiver

Name: _____ Telephone # () _____
Contact during the day

Address: _____ Relationship to the student: _____

MEDICAL INFORMATION Note: The Principal may share this information with designated school personnel.

If the student has a dangerous life-threatening allergy(ies), including environmental allergy(ies), please specify below and complete form S15 and/or S15(a) which are available at the school office. If the allergy(ies) are not life-threatening, also specify below:

ALLERGY(IES)	Mild	Moderate	Severe	Life-Threatening
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student has asthma or any other serious medical condition such as epilepsy, hemophilia, diabetes or reaction to drugs which could be a complication factor please note this below, and complete form S16 and/or S16(a) which are available at the school office.

MEDICAL CONDITIONS	Medication

Note: Please indicate if you have completed Form S15/S15(a) Yes No Form S16/S16(a) Yes No

Note: If your child is anaphylactic, school must have an EPI pen and your child should carry an EPI pen at all times.

Parent/Guardian Signature: _____ **Date:** _____
month/day/year

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED PURSUANT TO THE *EDUCATION ACT* AND THE *MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*. QUESTIONS ABOUT THE COLLECTION AND USE OF THIS PERSONAL INFORMATION SHOULD BE DIRECTED TO THE PRIVACY MANAGER, YORK CATHOLIC DISTRICT SCHOOL BOARD, 320 BLOOMINGTON RD. W., AURORA, ONTARIO L4G 0M1 OR (905) 713-2711.



Annual Parental Consent re Freedom of Information

This Consent Form meets the requirements of the *Municipal Freedom of Information and Protection of Privacy Act* and the *Education Act* for the disclosure of personal information. It provides for consent that is both informed and voluntary, and relates to clearly identified information to be used and disclosed for clearly defined purposes. This form must be returned to the school.

<p>1. FOI - YCDSB School/Work/Name My child's school work, with name, be displayed in:</p> <ul style="list-style-type: none"> • YCDSB school buildings, which includes the Catholic Education Centre (Board Office) • School and/or board publications (e.g. newsletters, yearbooks) print and electronic (i.e. school and board websites) 	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>2. FOI - YCDSB Images/Name My child's photograph/visual likeness with name be displayed in:</p> <ul style="list-style-type: none"> • YCDSB school buildings, which includes the Catholic Education Centre (Board Office) • School and/or board publications (e.g. newsletters, yearbooks) print and electronic (i.e. school and board websites) 	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>3. FOI - Media My child's school work, name and/or photograph/visual likeness be given to the media for coverage of school activities, promoting school programs or student achievement, print and electronic (which may include their website).</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>4. FOI - School Council My child's name and grade; home address and/or telephone number; given to the Catholic School Council of the school, for school based activities and communications.</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent
<p>5. FOI - Parish My child's name, school and grade, home address and/or telephone number given to the local Parish for the purposes of preparation and planning for the Sacraments i.e. Communion, Reconciliation, and Confirmation.</p>	<input type="checkbox"/> I give consent	<input type="checkbox"/> I do not give consent

Student Name:

Grade:

Please Print

Parent/Guardian/Student Signature (if student is 18 yrs or older):

Date:

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Notice to Students, Parents and Guardians About Immunization Records

Every student must have a complete and up to date immunization record on file with York Region Health Services in order to attend school. York Region Health Services is required by the *Immunization of School Pupil's Act RR.O 1990 Reg. 645* to ensure that each child attending school in York Region is fully immunized.

To fulfill this requirement:

- we maintain immunization records on every child (age 4-18 yrs.) attending school in York Region
- we review our files each year and send out questionnaires asking for any missing information

During the school year, students whose immunization records are not complete will receive an Immunization Questionnaire asking for updated immunization information. Please respond at that time.

If the updated immunization information is not received by York Region Health Services by the date requested, school suspension orders will be issued.

Thank-you for your cooperation.

Mailing address:
The Regional Municipality of York
Box 147
Newmarket, Ontario
L3Y 6Z1

Office Address:
Newmarket Health Centre
194 Eagle Street
Newmarket, Ontario
L3Y 1J6

Telephone: 1-877-794-1880 Facsimile: 905-895-6066