

**PEEL DISTRICT SCHOOL BOARD STUDENT REGISTRATION FORM**

SHADED AREAS FOR SCHOOL USE ONLY

STUDENT NUMBER (if Transfer)	ONTARIO EDUCATION NUMBER (OEN)	GRADE/HOME FORM	IMMUNIZATION SENT TO PEEL HEALTH <input type="checkbox"/> YES <input type="checkbox"/> NO
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**STUDENT INFORMATION**

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	GENDER MALE <input type="checkbox"/>
USUAL LAST NAME	PREFERRED FIRST NAME	BIRTH DATE (yyyy-mm-dd)	FEMALE <input type="checkbox"/>

**RESIDENTIAL ADDRESS**

HOME PHONE NUMBER ( )	UNLISTED <input type="checkbox"/> YES	APT. NO.	STREET/EMERGENCY NUMBER	STREET NAME/LINE OR SIDE ROAD
P.O. BOX	TOWN/CITY PROVINCE	PROVINCE	POSTAL CODE	MAILING ADDRESS <input type="checkbox"/> SAME AS PROPERTY ADDRESS

**MAILING ADDRESS (COMPLETE THIS SECTION IF STUDENT LOCATION IS DIFFERENT FROM PROPERTY ADDRESS)**

APT. NO.	STREET NUMBER	STREET NAME/LINE OR SIDE ROAD
P.O. BOX	TOWN/CITY	POSTAL CODE

**PREVIOUS SCHOOL HISTORY**

PREVIOUS SCHOOL NAME	PREVIOUS SCHOOL DISTRICT	PREVIOUS SCHOOL ADDRESS
IF NOT IN SCHOOL, NAME OF LAST SCHOOL ATTENDED	PREVIOUS SCHOOL DISTRICT OR LOCATION	DATE OF LEAVING <small>Year/month/day</small>
		REASON FOR LEAVING

HAVE YOU EVER ATTENDED A SCHOOL OUTSIDE OF PROVINCE OR COUNTRY?     NO     YES\*

\*If "yes", specify date (from \_\_\_\_\_ to \_\_\_\_\_) and location \_\_\_\_\_  
YEAR/MONTH/DAY                      YEAR/MONTH/DAY

HAVE YOU EVER BEEN A PEEL DISTRICT SCHOOL BOARD STUDENT(Public School Board)?     NO     YES\*

\*If "yes", what Peel school did you last attend? \_\_\_\_\_ Peel Student Number \_\_\_\_\_

**IMMIGRATION AND GENERAL INFORMATION (MUST BE COMPLETED IN FULL)**

PROOF OF AGE & NAME (copy for OSR) <input type="checkbox"/> CDN. BIRTH CERTIFICATE/REGISTRATION CARD <input type="checkbox"/> CDN. CITIZENSHIP CARD <input type="checkbox"/> CDN. PASSPORT <input type="checkbox"/> IMMIGRATION DOC.	<b>FOR FUNDING PURPOSES ONLY</b> Country of Birth _____ Province/Territory If Canada _____ 1 <sup>st</sup> Entry Date into Canada (yyyy-mm-dd) _____
WAS ENGLISH FIRST LANGUAGE STUDENT LEARNED AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGES STUDENT SPEAKS AT HOME _____

**HEALTH FACTORS (MUST BE COMPLETED IN FULL)**

HEALTH FACTORS <input type="checkbox"/> ASTHMA - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ALLERGIES _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SEIZURES - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DIABETES - Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO                      _____ Life Threatening <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICATION REQUIRED AT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**SIBLING INFORMATION (MUST BE COMPLETED IN FULL)**

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	DATE OF BIRTH	SCHOOL & GRADE
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		

**PARENTAL INFORMATION (MUST BE COMPLETED IN FULL)**

<b>CUSTODY</b> <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> SELF (16 & OVER) with letter <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> LEGAL GUARDIAN(S) <input type="checkbox"/> CHILDREN'S AID SOCIETY			<b>LIVING WITH</b> <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> SELF (16 & OVER) with letter <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> LEGAL GUARDIAN(S) <input type="checkbox"/> FOSTER PARENT(S)		
<input type="checkbox"/> MOTHER	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last Name	First Name	Parent Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> FATHER	<input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.				
Home Phone Number ( )		Cellular/Pager Number ( )	Business Phone Number (including Ext.) ( )	E-mail Address	
<input type="checkbox"/> MOTHER	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Last Name	First Name	Parent Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> FATHER	<input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.				
Home Phone Number ( )		Cellular/Pager Number ( )	Business Phone Number (including Ext.) ( )	E-mail Address	
Address if Different from Student (include Street Number, Name, City and Postal Code)					
ADDITIONAL FAMILY INFORMATION OF WHICH SCHOOL SHOULD BE AWARE (e.g. PARENT IS DECEASED, ETC.)					
PLEASE ADVISE IF ALTERNATE COMMUNICATION REQUIRED (e.g. LARGE PRINT, BRAILLE, SIGN LANGUAGE)					

**IF LIVING WITH SOMEONE OTHER THAN PARENT**

Relationship	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Last Name	First Name	Speaks English <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone Number ( )	Cellular/Pager Number ( )	Business Phone Number (including Ext.) ( )	E-mail Address	
Address (include Street Number, Name, City and Postal Code)				

**EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) UNAVAILABLE — IN ORDER OF AVAILABILITY (#1 EASIEST TO CONTACT)**

TITLE (CIRCLE ONE) MR./MRS./ MS./MISS/ DR./REV.	1. LAST NAME  FIRST NAME	TITLE (CIRCLE ONE) MR./MRS./ MS./MISS/ DR./REV.	2. LAST NAME  FIRST NAME	TITLE (CIRCLE ONE) MR./MRS./ MS./MISS/ DR./REV.	3. LAST NAME  FIRST NAME
RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:		RELATIONSHIP TO STUDENT:	
HOME PHONE NUMBER ( )	CELLULAR / PAGER NUMBER ( )	HOME PHONE NUMBER ( )	CELLULAR / PAGER NUMBER ( )	HOME PHONE NUMBER ( )	CELLULAR / PAGER NUMBER ( )
BUS. PHONE NUMBER & EXTENSION ( )	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION ( )	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO	BUS. PHONE NUMBER & EXTENSION ( )	SPEAKS ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO

IF THE CHILD IS NOT A PEEL DISTRICT SCHOOL BOARD STUDENT, I/WE AGREE THAT THE PEEL DISTRICT SCHOOL BOARD MAY CONTACT MY CHILD'S FORMER SCHOOL TO COLLECT INFORMATION FOR PURPOSES CONSISTENT WITH THE BOARD'S LEGISLATED RESPONSIBILITIES AND AUTHORITY.  YES  NO If no, reason: \_\_\_\_\_

IS THE STUDENT CURRENTLY SERVING A SUSPENSION OR EXPULSION?  NO  YES REASON: \_\_\_\_\_

HAS THE STUDENT EVER BEEN SUSPENDED OR EXPELLED?  NO  YES If yes, how many times? \_\_\_\_\_ Dates: \_\_\_\_\_

REASON(S) FOR SUSPENSION AND OR EXPULSION: \_\_\_\_\_

REGISTRATION IS CONDITIONAL UPON RECEIPT OF O.S.R./SCHOOL RECORDS FROM SENDING SCHOOL TO CONFIRM APPROPRIATENESS OF ADMISSION

\_\_\_\_\_  
PARENT/GUARDIAN OR STUDENT (18 OR OLDER)

\_\_\_\_\_  
DATE

*SPECIAL EDUCATION: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Gifted ( <b>include most recent IEP</b> )
*(if applicable)	_____ Communications Exceptionality ( <b>include most recent IEP</b> )
	_____ Behavioural ( <b>include most recent IEP</b> )

**ENTER COURSE SELECTIONS IN THE SPACE PROVIDED**

**COURSE INFORMATION:** Course descriptions and prerequisites can be found in the Peel District School Board's "Chart Your Course Guide". Go to [www.peelsb.com](http://www.peelsb.com). Click on "Student Stuff", "You asked for it", "Chart Your Course" – Explore Your Future Direction" for Course Calendar.

Grade 9 students - use the "Grade 9 Course Selections" sheet to choose your courses. Please read the "Choosing Music" sheet before selecting a music course.

The following section is for students entering grades 10 to 12 only. list the courses you wish to take in ORDER OF PRIORITY.

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

**MUST CHOOSE: 3 alternate courses**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

GRADE 9 ENTRY DATE	Year	Month	Day	LITERACY DIPLOMA REQUIREMENT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO (Verified on OST)	ONTARIO STUDENT TRANSCRIPT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
Counsellor	Number of Credits Already Obtained			40 HOURS COMMUNITY INVOLVEMENT COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO (Verified on OST)	<input type="checkbox"/> OSR Requested - Date: _____ <input type="checkbox"/> OSR Received