

NOTE: OFFICIAL DOCUMENTATION WILL BE REQUIRED TO VERIFY INFORMATION PROVIDED.

BASIC INFORMATION		
Legal Last Name	First Name	Middle Name
Preferred Name (if different from legal name, please indicate below): Preferred Last Name Preferred First Name		Birth Date: (MM/DD/YYYY)
Gender Identity Male: <input type="checkbox"/> Female: <input type="checkbox"/> Prefer Not To Disclose <input type="checkbox"/> Prefer To Identify As _____		
Phone Number:	Email Address:	
Alternate Number:		

ADDRESS	
# and STREET NAME:	Apt. # / Unit #
CITY:	
PROVINCE:	POSTAL CODE:

EMERGENCY CONTACT	
Relationship to Student:	Parent/Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name (Last Name, First Name):	
Home Phone:	Cell Phone:
Parent/Guardian: (if under 18 years of age)	Lives with Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Custody:	Exclusive: <input type="checkbox"/> Both Parents: <input type="checkbox"/> Joint: <input type="checkbox"/> Crown <input type="checkbox"/>
Parent/Guardian	
Name (Last Name, First Name):	
Home Phone:	Cell Phone:
Parent/Guardian Email:	

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:	Country of Citizenship:
If not born in Canada, original date of first entry into Canada:		
Month (mm)	Day (dd)	Year (yyyy)
Immigration Document:		
Residence Status in Canada:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Work or Study Permit	<input type="checkbox"/> Refugee Status
	<input type="checkbox"/> Exchange	Other:
First Language:	Language Spoken at Home:	
Are you a tax paying citizen of Ontario: Yes <input type="checkbox"/> No <input type="checkbox"/>		

VOLUNTARY: 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
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, Voluntary, Confidential Self-Identification of First Nation, Métis and Inuit Students.			

FUNDING INFORMATION	
ARE YOU A RECIPIENT OF FUNDING FROM ANY OF THE FOLLOWING AGENCIES?	
<input type="checkbox"/> OW <input type="checkbox"/> CAS <input type="checkbox"/> EI <input type="checkbox"/> WSIB <input type="checkbox"/> ODSP <input type="checkbox"/> FNMI	
Worker's Name: _____	Phone: _____
I give permission to the Learning Centre to correspond with my case worker regarding information about my attendance and progress.	
DATE: _____	STUDENT SIGNATURE: _____

EDUCATIONAL BACKGROUND	
Do you currently attend a secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of secondary school:	
If no, name of last full-time secondary school attended:	
Location of last secondary school attended:	
Year of attendance for last secondary school attended:	

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 Identification Placement and Review Committee (IPRC) process:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student has an Individual Education Plan (IEP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student has a Safety Plan or Notification of Worker Risk:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ACKNOWLEDGEMENT
<p>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 <i>Municipal Freedom of Information and Protection of Privacy Act</i>. 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.</p>

MEDIA RELEASE			
<p>We need your permission to share good news stories about our school that may include you. From time to time, school and class activities, such as projects, achievements, plays, sports and presentations are covered by local media, and may be shared by board and school staff on social media. We are seeking your permission for the following:</p> <ul style="list-style-type: none"> - To post identifiable photographs and/or recordings of you, the student, on school and board websites, newsletters and social media sites (including Twitter, Facebook, Instagram, YouTube and our blog www.sharingsimcoe.com). - To allow the media to photograph, interview or record (video and audio) you, the student, as part of a good news story about the school or board. The story may include identifiable images. <p>I give permission for my photograph and/or recordings to be used as outlined above.</p>			
Parent/Guardian or Adult Student:			
	Please Print	Signature	Date

