



THE UPPER GRAND DISTRICT SCHOOL BOARD STUDENT ADMISSION FORM

Please print clearly. You may download a copy of this form from our Website at www.ugdsb.on.ca/admission. Please take a hard copy of the completed form to your local school.

Student

Surname		Birth date (month/day/year)	Circle One Male Female
Legal Surname (if different)		Siblings & Date of Birth (month/day/year)	
Given Name			
Middle Name			
Usual Name		Special Custody (circle one) Yes No <i>(if yes please provide a current copy of the custody order)</i>	Copy of Court Order attached (circle one) Yes No
Entry Date into Elementary School (month/day/year)			
Entry Date into Secondary School (month/day/year)			
Previous School, City, Province		Last Date Attended (month/day/year)	Last Grade Completed
First time attending an Ontario School? (circle one) Yes No	If no, please provide the name of the previous school, city, province	ONTARIO EDUCATION NUMBER (OEN)	Have you had 12 consecutive months out of school? (circle one) Yes No

Contact Information for Parent/Guardian

Student lives with

Father & Mother
 Father only
 Mother only
 Other - Please specify _____

Father			Mother			Other – Please specify		
Surname			Surname			Surname		
Given Name			Given Name			Given Name		
Apt	House/ Emerg. #	Street/Road/Line Name	Apt	House/ Emerg. #	Street/Road/Line Name	Apt	House/ Emerg. #	Street/Road/Line Name
R.R. #		P.O. Box	R.R. #		P.O. Box	R.R. #		P.O. Box
City		Postal Code	City		Postal Code	City		Postal Code
Township/Municipality			Township/Municipality			Township/Municipality		
Home Phone ()			Home Phone ()			Home Phone ()		
Cell Phone ()			Cell Phone ()			Cell Phone ()		
Email			Email			Email		
Employer Name			Employer Name			Employer Name		
Work Phone ()			Work Phone ()			Work Phone ()		

Additional Contact Information (Other than Parent and Guardian)

Emergency Contact Name	Sitter (if applicable) Name
Home Number ()	Home Number ()
Cell Number ()	Cell Number ()
Additional Information	



Student Health Information

Medical and Other Special Considerations *please list*

Considered Life Threatening? (please circle) **Yes** **No**
If yes, fill out Life Threatening Management Plan (available from the school)

Medication *please list (permission form required if to be administered by school staff)*

Enrolment

Province, Country of Birth

Please check box and complete Appendix ESL form if born outside Canada

If the student is not a Canadian Citizen, Landed Immigrant or Permanent Resident, you must contact the Enrolment/Admissions Office at the Upper Grand District School Board - (519) 822-4420 ext. 748

Citizenship (Canadian Citizen, Permanent Resident/Landed Immigrant, Student Visa, Other Visa, Refugee Status)

Date of Arrival in Canada (month/day/year)

First Language (language spoken at home)

* Aboriginal Ancestry (Self-Identify), circle one if applicable

First Nation Métis Inuit

**Declaration of Aboriginal Ancestry – Students of Aboriginal ancestry can choose to self-identify so that they may benefit from supportive programs and services. By doing so, students also enable us to identify, review and analyze data that will contribute to improved programs and services for Aboriginal learners.*

School Office Use Only	OEN	Maplewood #	School
Admission Date (month/day/year)	Homeroom	Grade	Teacher
Document used for address verification	Document viewed by:		
Birth Verification <input type="checkbox"/> Source Document (Copy filed in OSR until 5 years past last day of attendance)	Immunization Information <input type="checkbox"/> (forwarded to Health Unit)	Signature of Principal Date (m/d/yr)	

The following source documents may be used to provide birth verification:

- Adoption Papers
- Baptismal Certificate
- Birth Certificate
- Canadian Certificate of Registration of Birth Abroad
- Canadian Refugee Certificate of Identity
- Canadian Refugee Travel Document
- Certificate of Canadian Citizenship
- Certificate of Indian Status
- Divorce Decree
- Legal Change of Name Document
- Marriage Certificate or Marriage Registration
- Passport
- Permit to Come or Remain in Canada
- Record of Landing
- Visa - Other
- Visa – Student
- Other (please specify)

Authorization for the collection and maintenance of this information is in keeping with the Education Act. The information will be used to establish the student's Ontario Student Record folder. The record of a student's educational progress through the schools in Ontario is maintained in the Ontario School Record (OSR) folder for that student. The contents of the OSR folder are privileged for the information and use of supervisory officers, the Principal or designate, and the Teachers of the school. Material contained in the OSR is to be used for the improvement of the instruction of the student. Each student and the parent(s) (barring any court orders denying access) or guardian(s) of a student who is not an adult (under the age of 18) have access to the student's OSR. It is necessary to make an appointment with the Principal to review the contents of an OSR.

This form is kept for the duration of the OSR. Subsequent registration/verification forms that are used for verification or change of existing information are kept until superseded.

Questions about this collection should be directed to the Principal or Superintendent of Education, Upper Grand District School Board, 500 Victoria Road North, Guelph N1E 6K2, (519) 822-4420. Some information contained in this form will be shared with the Medical Officer of Health as outlined in the Education Act and the Immunization of School Pupils Act.

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to advise the school of any changes in the above information.

Signature of Parent/Guardian/ Student (if 18 years of age or older)

Date