

STUDENT REGISTRATION FORM

<p>Student Name _____</p> <p>School Name _____</p>	<p>Grade: _____</p> <p>OEN _____</p> <p>Hrm/Teacher _____</p>	<p>Pupil No. _____</p> <p style="text-align: right;"><i>For Office Use</i></p> <p><input type="checkbox"/> French Immersion</p> <p><input type="checkbox"/> Core French</p>
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STUDENT INFORMATION

Legal Last Name _____

Legal First Name _____

Usual Last Name _____

Preferred First Name _____

Middle Name _____ Third Initial _____

Birth Date (mm/dd/yyyy) _____

Proof of Legal Name/Age: _____

Student Primary Phone No. _____

Sex (as it appears on birth certificate): (M) (F)

Gender Self-Identification: _____

PROPERTY ADDRESS-CIVIC ADDRESS (911)

Street _____

Apt. # _____ Lot # _____ Concession # _____

Municipality _____

State/Prov. _____ Postal Code _____

Proof of Residency viewed: *For Office Use*

Current Agreement of Purchase and Sale _____ Current Home Phone/Cable/Internet Bill _____

Current Utility Bill _____ Other: please specify below: _____

Current Property Tax Bill _____

MAILING ADDRESS (if different from property address)

EXAMPLE: BOX 102 - 17423 County Rd. 2 St. Andrews West, ON K0C 2A0

ALTERNATE ADDRESSES (For Transportation— i.e. Caregiver & Custody)

	Street # and Name	Apt.	Municipality	Contact Name	Contact Phone
1.					
2.					

PREVIOUS SCHOOL DISTRICT

Previous School Language _____

Previous School _____

Address _____

ADMISSION INFORMATION (School to Complete) *For Office Use*

Reason _____

Start Date (mm/yyyy) _____

Current Grade _____

X-Boundary (Y) (N)

School _____

IMMIGRATION/CITIZENSHIP

Country of Birth _____

Province of Birth (if born in Canada) _____

Citizen of _____

Language First Spoken _____

Language at Home _____

Entry into Canada (mm/yyyy) _____

Visa Expiration Date _____

Tuition Type: _____ Exempt _____ Fee Paying _____

Immigration Status:

Student Visa/Permit Other Visa/Permit Permanent Resident

Exchange Student Refugee Status

Proof of Citizenship viewed: *For Office Use*

Please specify: _____

STUDENT REGISTRATION FORM

For Office Use

STUDENT NAME _____

PARENT/GUARDIAN

Custody _____

Living With _____

Court Order or
Guardianship Agreement (Y) (N)

1. Relationship

Last Name _____

First Name _____

Living With Student (Y) (N)

Address _____

Copy of School Correspondence (Y) (N)

Work/Employment _____

Work Phone No. (ext.) _____

Available at Work _____

Home Phone No. _____

Cellular Phone No. _____

Email Address _____

Emergency Contact (Y) (N)

My Family Room (Y) (N)

2. Relationship

Last Name _____

First Name _____

Living With Student (Y) (N)

Address _____

Copy of School Correspondence (Y) (N)

Work/Employment _____

Work Phone No. (ext.) _____

Available at Work _____

Home Phone No. _____

Cellular Phone No. _____

Email Address _____

Emergency Contact (Y) (N)

My Family Room (Y) (N)

Register for a *My Family Room* account to receive immediate notification of bus cancellations, student absences or emergencies, report your child's absences online, access your child's school calendar, and much more. Visit myfamilyroom.ca to register, and download the mobile app.

OTHER EMERGENCY CONTACTS (Other than Parents)

1. Last Name

First Name _____

Relationship _____

Address _____

Home Phone No. _____

Work Place _____

Work Phone _____

Cellular Phone _____

Allow to Pick Up (Y) (N)

2. Last Name

First Name _____

Relationship _____

Address _____

Home Phone No. _____

Work Place _____

Work Phone _____

Cellular Phone _____

Allow to Pick Up (Y) (N)

STUDENT REGISTRATION FORM

For Office Use

STUDENT NAME

MEDICAL (i.e. Allergies, Autism, Asthma, Diabetes, Epilepsy, EpiPen, medication required, etc)

Allergies

Life Threatening? (Y/N) Details

Non-Life Threatening Medical Details/Conditions

Accessibility Needs (Y/N)

Is there any other information we need to be aware of (i.e. social or emotional challenges)?

First Nation/Métis/Inuit

Voluntary Self-Identification

Notice to Parents/Guardians

Personal information is collected at registration under the authority of the Education Act and will be used for planning and programming, home and school communications and to establish the Ontario Student Record. If you have questions about our collection or use of personal information, contact your school Principal or the Information and Records Management Specialist at 225 Central Avenue, West, Brockville, ON K6V 5X1; 613-342-0371, ext. 1396.

I hereby certify that the above information contained on this form is accurate. I understand that it is my responsibility to keep the school advised of any change in the above information as soon as possible.

I certify that I have been informed that an Ontario Student Record is on file at the school and that I have access to the information therein.

The school requires your consent to receive any electronic messages which contain advertising or promotions such as school fundraisers, lunch programs, field trips, sale of yearbooks, purchasing of student photos, books, prom or dance tickets and athletic events where a financial transaction is required.

Do you consent to receive electronic messages of this nature? YES NO

SIGNED (Parent/Guardian)

PRINT (Parent/Guardian Name)

DATE

SIGNED (Parent/Guardian)

PRINT (Parent/Guardian Name)

DATE

Student Information Verified by (staff signature):(attach print-out if registration completed online)

For Office Use

Signed

Print

Date

Ongoing Excursions – Immediate Community

This form is to be used each year to obtain consent for walking excursions in the immediate school community (e.g., walking trails, library, etc.). Forms are to be kept on file by the office and also by individual classroom teachers.

Valid for the _____ School Year

Student name:
Student grade:
School:
Homeroom teacher:

From time to time, students are engaged in non-high-care curricular activities that occur off school property in the immediate community, but within walking distance of the school.

Examples of these activities may include *(to be completed by school)* :

Notification

The principal will approve these excursions, and supervision will always be provided. Parents/guardians will be notified in advance.

Risk

Walking to an excursion involves a certain element of risk. Slips, trips, falls, motor vehicle accidents, exposure to elements, and etc. are types of the injuries which may occur while walking to a curricular activity within the immediate community.

I _____ *(parent/guardian name)* give permission for my child to participate in walking excursions that occur in the immediate community.

(parent/guardian signature)

(date)



CONFIDENTIAL

Student Name: _____
School: _____
School Year: _____

Revised 4-Jul-2023 - District Accountability – Records & Information Management

Student Media Release and Photographs - Consent Form (Parent/Guardian)

The Upper Canada District School Board (UCDSB) endeavors to be as inclusive as possible while respecting the individual confidentiality of students and their parent(s)/guardian(s). The UCDSB collects, retains, and uses your child's likeness and personal information in a variety of ways in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56 and the Education Act R.S.O.1990, c.E 2.

The UCDSB and individual schools are pleased to share live-streaming of some UCDSB sporting and other events for viewing students, parents, guardians, and the larger public on the UCDSB YouTube channel.

Please indicate your consent (Yes) or non-consent (No) to the left with your initials:

Yes **No** I understand that as part of an overall school experience (which could include performances, ceremonies, sporting events, school life photos, etc.), images of students may be recorded by UCDSB staff, as well as external parties, for use in public social media, print media, or televised. This can include my child's name/image, student work, or performance as they are involved in educational/extra-curricular activities before, during, or after school. Personal information collected and disclosed in this manner, once made public, is beyond the control of the UCDSB. I consent to this for my child. In the event of non-consent, please be aware that we will do our best to comply within our capabilities while recognizing that recording devices are readily available, and we are not able to eliminate the potential for publication 100%.

Yes **No** I understand that **individual student and/or classroom group photographs** may be taken by a **photography agency** and acknowledge that such photos will be used as part of the Ontario Student Record, become public once sent home with each child, used in a school yearbook (which may be digital), and/or used in school displays. I consent to this for my child.

I acknowledge I have read all of the above and where my consent is indicated as "Yes", release any claim to the protection of personal privacy of my child under the provisions of the Municipal Freedom of Information and Protection of Privacy Act and will not hold the UCDSB responsible for any harm that may arise from the aforementioned. I release ownership, moral rights, or financial benefit, whether this use or disclosure is known or unknown to me.

Is there additional information you would like to add?

Please speak directly with your school Principal should you have any questions or concerns.

Yes I understand that I can, at any time, revoke my consent by informing my Principal in writing.

Yes I understand that this form will remain active on my child's file at the school until replaced by the most recent signed form.

Parent's/Guardian's Name (Print): _____

Parent's/Guardian's Signature: _____

Date: _____

*Working with the best interest of all students in mind, The Upper Canada District School Board endeavours to be as inclusive as possible while respecting the individual confidentiality of all students and their parent(s)/guardian(s).
Please be sure to speak with your school Principal directly about any specific circumstances or concerns.*

Q1. Why do we require parents/guardians/adult students to sign this form?

- Consent is sought with this form to allow the Upper Canada District School Board and its school communities to showcase and celebrate the educational journey of students, while working to respect confidentiality.
- The Board operates in accordance with the Municipal Freedom of Information and Protection of Privacy Act. With very limited exceptions, it is a legal requirement that the Board seek consent of parent(s)/guardian(s)/adult students before using a student's likeness and personal information for purposes other than those authorized in the Education Act.

Q2. What happens if a form is not completed and returned to the school?

- A school must assume 'non-consent'. Documented follow up with the parent/guardian/adult student should take place to ensure this was the intent. (for example - student photo cannot appear on a school Facebook page or in a digital yearbook if form giving consent is not returned.)
- **NOTE:** Individual student photos may still be taken by an outside photography vendor for school administrative purposes only, and may appear in printed school yearbooks or graduating class displays posted in schools as outlined in our **Notice of Collection** statement posted on the UCDSB website http://www.ucdsb.on.ca/our_board/freedom_of_info_privacy/notice_of_collection

Q3. What is meant by 'consent'?

- The issue is consent to collection, publication, dissemination and disclosure of student works, likeness, and personal information, not to participation in an event.
- Consent is sought to ensure that, while all students have the opportunity to participate in activities and events, parents/guardians/adult students are aware that they may be recorded, and/or that a student's likeness and personal information may become public.
- It is important for parents/guardians/adult students to note that once photographs are used in school displays or media pages, are sent home, or are used in yearbooks (which may be digital), such photos become public.
- UCDSB sporting and other events are public events and may be live-streamed by the UCDSB to YouTube or other social media, or by other local media. The Board does not have any control or authority over how external media organizations, other parents or the general public use or disclose information in a public venue. Live-streamed recordings may appear on the internet or other publications beyond our control. It is important for parents/guardians/adult students to know that it is not possible to remove or otherwise edit out a student from a live-streamed event.
- **Please speak directly with your school principal, who will work with you, should your child's/your participation in such public events be of any concern to you.**

Q4. How often does this form need to be signed?

- The form is signed upon registering a student in a UCDSB school and the option is available for an annual review thereafter to allow parents to reconsider their consent or to allow students who have turned 18 to consent on their own behalf.
- A new form can be signed any time should a parent/guardian/adult student wish to revise their earlier consent/non-consent.
- The form remains active and on file at the school until replaced; otherwise, the form signed by the parent/guardian/student remains active until the student leaves the school.

Q5. How does a parent/guardian/adult student change their decision/consent?

- Consent can be revoked or otherwise revised at any time by informing the Principal in writing.

Q6. What if a parent/guardian/adult student chooses not to consent?

- Should you select "No" to represent you do not consent in any part of the form, please be assured that your school principal will work with you in the best interests of the student, to ensure that their image or other identifiers are not recorded or released, are "blurred", or otherwise made unidentifiable in a recording.
- **Please be sure to speak directly with your school principal, who will work with you to address any concerns you may have, and to ensure your child/you continue(s) to feel included.**

Q7. What happens when my child becomes of legal age (18)? Is my previous consent binding?

- On their 18th birthday, a student may sign their own consent form, at which time the student's decisions regarding consent becomes binding. Everything produced from this day forward is their property.
- Parents/guardians are custodians of their child's property up until that point and have the power to direct what is done with it, which can't be undone simply because the student turns 18. However, if work has not been used previously, but is going to be used after the 18th birthday, it is the student's consent that should apply.

Cooperative Parenting School Instructions

The intent of this form is to outline the instructions that parents/guardians would like the school to follow regarding parenting rights that have been determined as a result of separation or divorce. If parents are unable to agree, then present circumstances will remain until agreement is reached.

If there is a parenting time schedule/calendar available as a reference for the school to know when the student(s) is/are residing with one parent or the other, please provide a copy.

Agreement Date (DD/MM/YYYY):	
School Name:	
Parent Name:	Signature:
Address:	
Telephone:	
Parent Name:	Signature:
Address:	
Telephone:	
Student Name:	DOB:
Student Name:	DOB:
Student Name:	DOB:
Student Name:	DOB:
Transportation - please outline who is eligible to pick-up the student(s) at school:	
Attendance confirmations - please indicate who should be contacted if the student(s) is/are absent and the school office has not received a communication to confirm the absence(s): <input type="checkbox"/> Both parents <input type="checkbox"/> Primary Contact _____ <input type="checkbox"/> Dependent on parenting time schedule/calendar	
Daily Permissions – please indicate who will make daily decisions regarding consent for activities (class trips/pizza day etc.) <input type="checkbox"/> Dependent on parenting time/schedule/calendar <input type="checkbox"/> Primary contact: _____	
Educational programming decisions – please indicate if both parents will mutually agree to educational decisions or if one parent will have the primary decision-making authority for discipline, courses/programs, special education, etc.: <input type="checkbox"/> Both parents mutually agreed <input type="checkbox"/> Primary contact: _____	
Home-School communications – please indicate if both parents need to receive communications from the school, will one parent serve as the primary contact, or if it will be dependent on the parenting time schedule/calendar for information not available in My Family Room or School Facebook Page/Website. <input type="checkbox"/> Both parents <input type="checkbox"/> Primary Contact _____ <input type="checkbox"/> Dependent on parenting time schedule/calendar	
Access to personal student information – will both parents retain the right to access the student’s personal information, contained in the Ontario Student Record (OSR) or in our electronic student information system? <input type="checkbox"/> Both parents receive and access to information <input type="checkbox"/> Primary contact: _____	
Other considerations:	