



## 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](http://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

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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