

Welcome to the Upper Canada District School Board

225 Central Avenue West, Brockville, ON K6V 5X1 Tel: (613) 342-0371 or 1-(800) 267-7131 ucdsb.on.ca



STUDENT REGIS	STRATION FORM		
	For Office Us		
Student Name	OEN French Immersion		
School Name	Hrm/Teacher Core Fren		
STUDENT INFORMATION			
	PREVIOUS SCHOOL DISTRICT		
Legal Last Name	Previous School Language		
Legal First Name	Previous School		
Usual Last Name	Address		
Preferred First Name Middle Name Third Initial			
	ADMISSION INFORMATION (Schools Section 1)		
Birth Date (mm/dd/yyyy)	ADMISSION INFORMATION (School to Complete)		
Proof of Legal Name/Age:	Reason		
Student Primary Phone No.	Start Date (mm/yyyy)		
Sex (as it appears on birth certificate): (M) (F)	Current Grade		
Gender Self-Identification:	X-Boundary (Y) (N)		
PROPERTY ADDRESS-CIVIC ADDRESS (911)	School		
Street	IMMIGRATION/CITIZENSHIP		
Apt. # Lot # Concession #			
Municipality	Country of Birth Drawings of Birth (if howe in Country)		
State/Prov. Postal Code	Province of Birth (if born in Canada)		
Proof of Residency viewed: Current Agreement of Purchase and Sale Current Home Phone/Cable/Internet Bill	Citizen of		
Current Agreement of Purchase and Sale Current Home Phone/Cable/Internet Bill Current Utility Bill Other: please specify below:			
Current Property Tax Bill Language at Home			
MAILING ADDRESS (if different from property address)	Entry into Canada (mm/yyyy)		
	Visa Expiration Date		
	Tuition Type: Exempt Fee Paying		
	Immigration Status:		
EXAMPLE: BOX 102 - 17423 County Rd. 2 St. Andrews West, ON KOC 2A0	Student Visa/Permit Other Visa/Permit Permanent Resident		
EN WILLES BOX 102 17425 County No. 2 587 Wallers West, 614 Noc 2/16	Exchange Student Refugee Status		
ALTERNATE ADDRESSES (For Transportation— i.e. Caregiver & Custody	Proof of Citizenship viewed: For Office Use Please specify:		
Street # and Name Apt. Municipality	Contact Name Contact Phone		
1.			
2.			
Retention: Home School -OSR- C+2 post retirement File path: Insite>School Operations>School Operations	ons Forms>UCDSB_Registration_Form_February_2023_fillable.pdf		



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STUDENT REGISTRATION FORM			
	For Office Use		
STUDENT NAME			
PARENT/GUARDIAN Custody Living	With Court Order or Guardianship Agreement (Y) (N)		
1. Relationship	2. Relationship		
Last Name	Last Name		
First Name	First Name		
Living With Student (Y) (N)	Living With Student (Y) (N)		
Address	Address		
Copy of School Correspondence (Y) (N)	Copy of School Correspondence (Y) (N)		
Work/Employment	Work/Employment		
Work Phone No. (ext.)	Work Phone No. (ext.)		
Available at Work	Available at Work		
Home Phone No.	Home Phone No.		
Cellular Phone No.	Cellular Phone No.		
Email Address	Email Address		
Emergency Contact (Y) (N)	Emergency Contact (Y) (N)		
My Family Room (Y) (N)	My Family Room (Y) (N)		
Register for a <i>My Family Room</i> account to receive immediate notification of bus cand online, access your child's school calendar, and much more. Visit myfamilyroom.ca to			
OTHER EMERGENCY CONTACTS (Other than Parents)			
1. Last Name	2. Last Name		
First Name	First Name		
Relationship	Relationship		
Address	Address		
Home Phone No.	Home Phone No.		
Work Place	Work Place		
Work Phone	Work Phone		
Cellular Phone	Cellular Phone		
Allow to Pick Up (Y) (N)	Allow to Pick Up (Y) (N)		



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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)			
 Signed	Print	Date	