

For School Use	
Student	_____
SCDSB Student #	_____
OEN	_____
Grade	_____
Date Reg. Rec'd	_____
<input type="checkbox"/> OSR Requested from Previous School	
<input type="checkbox"/> OSR Received from Previous School	

Student Registration Form

Welcome to the Simcoe County District School Board (SCDSB). To register your child at an SCDSB elementary or secondary school, please complete the Student Registration Form and go to the school they will attend.

When registering, please bring the following documents with you to the school:

- Proof of birth date** – one of the following documents must be presented: birth certificate, certified statement of live birth, birth registration, Canadian citizenship card, Canadian permanent resident card, confirmation of permanent resident, certificate of Indian Status Card, passport, baptismal certificate, registration of adoption, record of landing, report pursuant to the immigration and refugee protection act, or student authorization/study permit.
- Proof of residency** – one of the following documents must be presented showing the student's primary home address: property tax assessment, lease/rental agreement, ownership title, proof of purchase for the primary residence, utility bill in the name of the parent(s)/guardian(s), letter of residency or statutory declaration.
- Proof of Canadian citizenship or residency status** – Canadian birth certificate, Canadian citizenship card, permanent resident card, confirmation of permanent resident, report pursuant to the immigration and refugee protection act, record of landing, study permit, work permit.
- Legal documentation defining custody and access** (if applicable)
- Court Order** (if applicable)
- Record of immunization** – to assist the Simcoe Muskoka District Health Unit in meeting its requirement under the Immunization of School Pupils Act (ISPA).

Other documents that may be requested from the parent(s)/guardian(s) to support the student's needs may include:

- Medical and health information including the completion of the SCDSB Student Medical Form.
- Copy of the Individual Education Plan (IEP)
- Copy of the Identification, Placement and Review Committee (IPRC) statement of decision
- Copy of the most recent report card
- Copy of the Ontario Student Transcript – secondary only
- Copy of the secondary school status sheet – secondary only
- Ontario Secondary School Literacy Test (OSSLT) results – secondary only
- Record of community involvement hours – secondary only
- Student timetable or course selections from the previous school – secondary only

Families New to Canada

Families new to Canada, please visit the SCDSB Newcomer Welcome Centre (NWC) at 320 Bayfield Street Barrie, Ontario L4M 3C1 (Bayfield Mall). The NWC will help create a smooth transition for students and families coming to an SCDSB school from outside of Canada.

Who Should Visit the NWC? – Students entering Canada for the first time; students who are permanent residents, refugees, have diplomatic status or are accompanying parents with a work or study permit; students who entered Canada and Ontario within the last four years or students have attended another school system in Canada.

Please visit the SCDSB website for information about our schools, programs and services.

www.scdsb.on.ca

For School Use SCDSB Student #	School	Date Rec'd	Enrol Date
OEN	Grade	Homeroom	Homeroom/Teacher

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

STUDENT INFORMATION

Basic Information		
Legal Name		
Legal Last Name	Legal First Name	Legal Middle Name
Preferred Name (if different from legal name, please indicate below)		Gender Identity
Preferred Last Name	Preferred First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		
Month	Day	Year
Grade Entering	Home Phone Number	
For School Use – Proof of Birth <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Statement of Live Birth <input type="checkbox"/> Birth Registration <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Canadian Permanent Resident Card <input type="checkbox"/> Confirmation of Permanent Resident <input type="checkbox"/> Indian Status Card <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Record of Landing <input type="checkbox"/> Student Study Permit <input type="checkbox"/> Immigration and Refugee Protection Act <input type="checkbox"/> Other		

Voluntary Self-Identification of First Nation, Métis and Inuit Students		
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, Voluntarily, Confidential 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		

Address			
Property Address			
House # / 911 #	Street Name	Apt. # / Suite # / Unit #	
City / Town / Municipality	Province	Postal Code	
Mailing Address <input type="checkbox"/> Same as Property Address above (if not the same as Property Address, please provide below)			
House # / 911 #	Street Name / R.R. #	P.O. Box	Apt. # / Suite # / Unit #
City / Town / Municipality	Province	Postal Code	
For School Use – Proof of Address <input type="checkbox"/> Property Tax Assessment <input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Ownership Title <input type="checkbox"/> Utility Bill <input type="checkbox"/> Letter of Residency <input type="checkbox"/> Purchase Agreement for Primary Residence <input type="checkbox"/> Statutory Declaration <input type="checkbox"/> Other			

PARENT / GUARDIAN INFORMATION

Custody, Court Order, and Living With Information		
Custody	<input type="checkbox"/> Both Parents <input type="checkbox"/> Joint <input type="checkbox"/> Crown <input type="checkbox"/> Other (please specify)	
Court Order filed in OSR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Living With (please specify)
Note: It is the responsibility of the parent to provide a copy of the most recent court order/custody agreement for the Ontario Student Record (OSR) and to inform the school about any special custody and/or access arrangements, including restraining orders, interim orders, amending orders, etc.		

Parent / Guardian #1		
Relationship to Student	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name	Work Phone	
First Name	Work Ext.	
Home Phone	Cell Phone	
Email Address	Language Spoken at Home	
Address (if different from student)	House # / 911 #	Street Name
	City / Town / Municipality	Province
		Postal Code

PARENT / GUARDIAN INFORMATION (continued)

Parent / Guardian #2			
Relationship to Student	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name	Work Phone		
First Name	Work Ext.		
Home Phone	Cell Phone		
Email Address	Language Spoken at Home		
Address <small>(if different from student)</small>	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality	Province	Postal Code

Parent / Guardian #3			
Relationship to Student	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name	Work Phone		
First Name	Work Ext.		
Home Phone	Cell Phone		
Email Address	Language Spoken at Home		
Address <small>(if different from student)</small>	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality	Province	Postal Code

Parent / Guardian #4			
Relationship to Student	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name	Work Phone		
First Name	Work Ext.		
Home Phone	Cell Phone		
Email Address	Language Spoken at Home		
Address <small>(if different from student)</small>	House # / 911 #	Street Name	Apt. # / Suite # / Unit #
	City / Town / Municipality	Province	Postal Code

EMERGENCY CONTACT INFORMATION (other than parent / guardian)

Emergency Contact #1	
Relationship to Student	Work Phone
Name <small>(Last Name, First Name)</small>	Work Ext.
Home Phone	Cell Phone

Emergency Contact #2	
Relationship to Student	Work Phone
Name <small>(Last Name, First Name)</small>	Work Ext.
Home Phone	Cell Phone

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.	
For School Use — Information Received <input type="checkbox"/> Student Medical Health Data Form <input type="checkbox"/> Immunization Record <input type="checkbox"/>	

CITIZENSHIP AND COUNTRY OF BIRTH INFORMATION

Country of Birth		Province of Birth (if born in Canada)	
If not born in Canada, original date of first entry into Canada (yyyy/mm)		Country of Citizenship	
Residence Status in Canada	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Student Visa
	<input type="checkbox"/> Other Visa	<input type="checkbox"/> Refugee Status	
First Language		Language Spoken at Home	
For School Use – Verification of Status in Canada			
<input type="checkbox"/> Canadian Birth Certificate <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Permanent Residency Card <input type="checkbox"/> Record of Landing <input type="checkbox"/> Immigration and Refugee Protection Act <input type="checkbox"/> Study Permit – Expiry Date _____ <input type="checkbox"/> Work Permit – Expiry Date _____ <input type="checkbox"/> Other _____			

EDUCATIONAL BACKGROUND

Previous School Attended			
Grade at Previous School	French Program at Previous School		<input type="checkbox"/> Core <input type="checkbox"/> Extended <input type="checkbox"/> Immersion
Name of Previous School		Phone Number	
Address of Previous School			
Street #		Street Name	
City / Town / Municipality		Province	Postal Code
Last Date of Attendance	Month	Day	Year
Student was previously registered at a SCDSB School	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year of attendance at the SCDSB School (yyyy)
Name of the most recent SCDSB school attended			

IF THE PREVIOUS SCHOOL ABOVE IS NOT AN SCDSB SCHOOL, THE SCHOOL IMMUNIZATION HISTORY FORM SHOULD BE COMPLETED

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 IPRC process (Identification Placement and Review Committee)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student has an IEP (Individual Education Plan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Information			
Safety Plan for the student is on file in the Ontario Student Record (OSR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student requires an Individual Student Transportation Plan (ISTP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Student previously received English Second Language (ESL) assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Suspensions / Expulsions			
Is the student currently suspended from any school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Name
Has the student ever been expelled from another school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Name
Was the student re-enrolled in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Athletic Eligibility – For Secondary Students Only			
Athletic eligibility at this school may be restricted under certain circumstances for the next 12 months if the student is transferring from another secondary school. If the student wishes to be involved in athletics at the new school, a ruling under Ontario Federation of School Athletics Associations (OFSAA) transfer policy must be obtained. Please contact the school athletic director for these forms.			

SIBLINGS ATTENDING A SIMCOE COUNTY DISTRICT SCHOOL BOARD SCHOOL

Sibling's Last Name	Sibling's First Name	Relationship	SCDSB School	Grade

PARENT / GUARDIAN / ADULT STUDENT ACKNOWLEDGEMENTS

Signature Required			
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 Education Act and Sabrina's Law in accordance with the Municipal Freedom of Information and Protection of Privacy Act. 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.			
I certify that the information that I have provided on this form is accurate and current to the best of my knowledge. I understand that copies of Custody documentation, if applicable, will be included in the OSR.			
Parent/Guardian/Adult Student	Name (please print)	Signature	Date



School Immunization History

Student Information	
<ul style="list-style-type: none"> Please attach a copy of your child's immunization record Parent to complete the following form at the time of school registration, and return to the school to forward to the health unit 	
Child's Legal Surname	Other Surnames (if any)
Legal First Name	Preferred Name
Date of Birth <small>yyyy / mm / dd</small> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Ontario Health Card Number
Legal Parent / Guardian	Legal Parent / Guardian
Preferred Mailing Address	Alternate Mailing Address
City	City
Postal Code	Postal Code
Preferred Phone _____ (circle one) Home Cell Work	Preferred Phone _____ (circle one) Home Cell Work
Alternate _____ (circle one) Home Cell Work	Alternate _____ (circle one) Home Cell Work
School that child is or will be attending	
Previous School (please indicate name of the school)	

When your child receives their next immunization(s), please call the health unit or complete the secure electronic form on our website at www.simcoemuskokahealth.org/immsonline to update their immunization record in our database. Immunization records and updates are NOT automatically provided by your doctor.

The Simcoe Muskoka District Health Unit is required under the Immunization of School Pupil's Act (ISPA) to collect and maintain up-to-date records of immunization for every child registered in school. **The ISPA states that parents are required to provide the health unit with proof of completed immunization for measles, mumps, rubella, tetanus, diphtheria, pertussis (whooping cough), polio, varicella (chickenpox) and meningitis.**

***Note: Chickenpox vaccine is required beginning with children born in 2010 and later**

If a parent chooses not to immunize their child, they must complete either a Statement of Medical Exemption (Form 1) or Statement of Conscience or Religious Belief Affidavit (Form 2). Please contact the health unit for more information.

This information is collected under the authority of the Health Protection and Promotion Act R.S.O 1990 c.H.7., s.4 and the Immunization of School Pupil's Act. The personal health information collected on this form will be used to maintain immunization records and to monitor the use of vaccines for public health purposes. Questions regarding the collection and use of personal health information should be directed to the Office of the Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, 705-721-7520 or 1-877-721-7520.

**Welcome to
BANTING MEMORIAL HIGH SCHOOL
Student Questionnaire**

Please complete this questionnaire prior to your registration appointment.

Name: _____ D.O.B. _____

Address: _____

Town: _____ Telephone #: _____

Previous School: _____

Reason for change of School: _____

Do you currently have an Individual Education Plan? Yes No

Have you ever had an Individual Education Plan? Yes No
If yes, in what grade(s)? _____

1. What year did you enter grade 9? _____

2. How many credits have you earned to date? _____

3. Have you completed any Community Service Hours? Yes No If yes, how many?: _____

4. Have you passed the Ontario Literacy Test? Yes No Not written yet _____

5. Please comment on your overall:

➤ **Attendance:** (last year) less than 10 absences _____ 10 to 30 _____ over 30 _____

➤ **Achievement:** Excellent _____ Good _____ Fair _____ Poor _____

➤ **Behaviour:** Excellent _____ Good _____ Fair _____ Poor _____

5. Have you been suspended from school during the past 2 years? If so, for what reason: _____

6. Are you currently under expulsion, or being considered for expulsion, by a school board?

If yes, please explain: _____

7. Do you have any life threatening allergies or medical conditions the school needs to be aware of?

Yes No If yes, please briefly explain: _____

8. Did you participate in any co-curricular/sports activities in your previous school?

(please list and state the year you participated):

9. Do you plan to try out for any sports this year at Banting? Yes No

If yes, please specify: _____

10. What is your goal while attending Banting M.H.S.? _____

11. Do you have any thoughts about your future destination? _____

Date

Signature of Applicant

Date

Signature of Parent/Guardian

Notice of Collection: The information you have provided is collected under the legal authority of Section 265(d) of the Education Act R.S.O., 1990, Chapter E2 as amended, and may be used for administrative purposes related to school programs and records; for determining eligibility for attendance; to make suitable provision for health and safety; in case of emergency; and for liaison with outside agencies as necessary and lawful, the Simcoe County District School Board and Ministries of the Government of Ontario. Questions should be directed to the Principal.