

MEDICAL INFORMATION:

Health Card No. _____ (Version No.)
(optional but recommended)

Immunization Record Complete Yes No
(see yellow insert from Regional Municipality of Halton)

Medical Conditions:

If your child has significant health factors of which the school should be aware, please describe the condition(s) below.

_____	Life Threatening
	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

SIBLING INFORMATION: (if the student has brothers or sisters in this school, please indicate)

	Last Name	First Name
1)	_____	_____
2)	_____	_____
3)	_____	_____

Fill in the section below, ONLY if country of birth is other than Canada:

Legal Documents Required

Birth Country _____ Arrival Date _____ Status in Canada _____

Verification _____ Expiry Date _____ Country of Last Residence _____

Country of Citizenship to be completed for ALL students:

Country of Citizenship _____ Province of Birth _____
(If born in Canada)

Languages Spoken (if other than English):

1) _____	First Language <input type="checkbox"/>	Spoken at Home <input type="checkbox"/>
2) _____	First Language <input type="checkbox"/>	Spoken at Home <input type="checkbox"/>

HOME ADDRESS:

Proof of Address Required

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

HOME PHONE NUMBER: (_ _ _) _ _ - _ _ _ _ Unlisted

MAILING ADDRESS: (if different from home address)

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

Rural Route No. _____ Post Office Box No. _____ General Delivery No. _____

City/Town _____ Province _____ Postal Code _____

PARENT AND/OR LEGAL GUARDIAN INFORMATION ONLY

If **No Access**, legal documentation required. Documentation Received: Yes No Not Applicable

Contact priority should be based on whom to call in the case of an emergency and/or school closure.

Note: If e-mail address is provided, the school **may** use it for contact purposes.

1) Last Name _____ First Name _____

(Please check **all** applicable boxes.)

Male Female

Relationship

Mother	<input type="checkbox"/>	Access to Student	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>	Access to Records	<input type="checkbox"/>
Father	<input type="checkbox"/>	No Access	<input type="checkbox"/>	Custody	<input type="checkbox"/>	Receives Mail	<input type="checkbox"/>	Speaks School Language	<input type="checkbox"/>
Step Parent	<input type="checkbox"/>								
Parent	<input type="checkbox"/>		(Circle below, 1 = high, 4 = low)						
Foster Parent	<input type="checkbox"/>								
Legal Guardian	<input type="checkbox"/>			For Emergency: Priority	1 2 3 4	For School Closure: Priority	1 2 3 4		

Home No. (____)____ - _____ Cell. No. (____)____ - _____ E-mail Address _____

Place of Employment _____ Business No. (____)____ - _____ ext. _____

Home Mailing Address (complete only if different from student)

No. _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____

R.R. # ____ P.O. Box _____ Gen. Del. # _____ City/Town _____ Prov. _____ Postal Code _____

2) Last Name _____ First Name _____

(Please check **all** applicable boxes.)

Male Female

Relationship

Mother	<input type="checkbox"/>	Access to Student	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>	Access to Records	<input type="checkbox"/>
Father	<input type="checkbox"/>	No Access	<input type="checkbox"/>	Custody	<input type="checkbox"/>	Receives Mail	<input type="checkbox"/>	Speaks School Language	<input type="checkbox"/>
Step Parent	<input type="checkbox"/>								
Parent	<input type="checkbox"/>		(Circle below, 1 = high, 4 = low)						
Foster Parent	<input type="checkbox"/>								
Legal Guardian	<input type="checkbox"/>			For Emergency: Priority	1 2 3 4	For School Closure: Priority	1 2 3 4		

Home No. (____)____ - _____ Cell. No. (____)____ - _____ E-mail Address _____

Place of Employment _____ Business No. (____)____ - _____ ext. _____

Home Mailing Address (complete only if different from student)

No. _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____

R.R. # ____ P.O. Box _____ Gen. Del. # _____ City/Town _____ Prov. _____ Postal Code _____

3) Last Name _____ First Name _____

(Please check **all** applicable boxes.)

Male Female

Relationship

Mother	<input type="checkbox"/>	Access to Student	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>	Access to Records	<input type="checkbox"/>
Father	<input type="checkbox"/>	No Access	<input type="checkbox"/>	Custody	<input type="checkbox"/>	Receives Mail	<input type="checkbox"/>	Speaks School Language	<input type="checkbox"/>
Step Parent	<input type="checkbox"/>								
Parent	<input type="checkbox"/>		(Circle below, 1 = high, 4 = low)						
Foster Parent	<input type="checkbox"/>								
Legal Guardian	<input type="checkbox"/>			For Emergency: Priority	1 2 3 4	For School Closure: Priority	1 2 3 4		

Home No. (____)____ - _____ Cell. No. (____)____ - _____ E-mail Address _____

Place of Employment _____ Business No. (____)____ - _____ ext. _____

Home Mailing Address (complete only if different from student)

No. _____ Street _____ Apt. No. _____ Unit No. _____ Suite No. _____

R.R. # ____ P.O. Box _____ Gen. Del. # _____ City/Town _____ Prov. _____ Postal Code _____

EMERGENCY CONTACT INFORMATION

If parent/guardian not available, contact this person.

1) Last Name _____ First Name _____

Female Male Relationship to student/comment: _____

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4

For School Closure: Priority 1 2 3 4

Home No. (____) ____ - ____ Cell No. (____) ____ - ____ ext. ____ Bus. No. (____) ____ - ____

If parent/guardian not available, contact this person.

2) Last Name _____ First Name _____

Female Male Relationship to student/comment: _____

(Circle below, 1 = high, 4 = low)

For Emergency: Priority 1 2 3 4

For School Closure: Priority 1 2 3 4

Home No. (____) ____ - ____ Cell No. (____) ____ - ____ ext. ____ Bus. No. (____) ____ - ____

Emergency Dismissal: *(Grades 6 – 8 only)*

Remains at School for Lunch *(Grades K – 8 only)*

Upon dismissal, proceed home as usual
Remain, pending parental instruction

Yes
No

ADDITIONAL STUDENT INFORMATION: *(if required by the school)*

FOR SECONDARY SCHOOL USE ONLY:

Proof of Literacy Test Results Received: Yes No

(To be completed for students entering Secondary School on or after September 1999)

Previous **Community Service Hours** completed outside Halton DSB: _____ hours

Grade 10 Literacy Test successfully completed *(Please provide proof of results)* Yes No

Please note that this information and any other personal information about your son/daughter is collected, retained, used and disclosed pursuant to sections 28, 29, 30, 31 and 32 of the *Municipal Freedom of Information and Protection of Privacy Act* for the purpose of fulfilling the Board's responsibilities as set out in the *Education Act*, Regulations and Ministry of Education Policies, Procedures, Standards and Guidelines. Opportunities will be provided to update the personal information collected annually. Any questions with respect to the personal information collected should be directed to the Principal of the School.

I certify that the information given on this form is correct.

Parent/Guardian Signature: _____ **Date:** _____
(or student if 18 years of age or older)

This information will be shared with Halton Student Transportation Services for the provision of home to school transportation.