



# Application for Admission to Elementary School

<b>School Name:</b> <b>Legal Surname:</b> <b>Legal First Name:</b> <b>Legal Middle Name:</b> <b>Preferred Surname:</b> <b>Preferred First Name:</b> <b>Preferred Middle Name:</b> <b>Gender:</b> Male    Female <b>Student's Date of Birth:</b> _____ <small>YYYY MMM DD</small> <b>Present Grade:</b> <b>Present Program:</b> <b>List of Siblings in the School Board:</b>	<b>School Use Only</b>
	<b>Student No.:</b> _____ <b>Grade:</b> _____ <b>Admit Date:</b> _____ <b>Program:</b> _____ <b>OEN:</b> _____ <b>Homeroom:</b> _____ <b>Age Verification:</b> _____ <b>Address Verification:</b> _____

**Has your child ever attended an OCDSB School?**

**Previous School:** \_\_\_\_\_ **Previous School Board:** \_\_\_\_\_

**Previous Program:** \_\_\_\_\_

**Health Card Number:** \_\_\_\_\_ **Version:** \_\_\_\_\_

**Medical Alert Information/Disability/Allergies:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **First Arrival Date to Canada:** \_\_\_\_\_

**Province of Birth:** \_\_\_\_\_ **Languages Spoken at Home:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**Status in Canada:** \_\_\_\_\_ **Main Language at Home:** \_\_\_\_\_

**Home Address**

**Street Number:** \_\_\_\_\_ **Street Name:** \_\_\_\_\_ **Apartment:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Listed:** \_\_\_\_\_ **Unlisted:** \_\_\_\_\_

**Special Education**

**Has your child ever received special education assistance:**    **YES**    **NO**

**If "YES" to above, provide dates and locations:** \_\_\_\_\_

**Voluntary Indigenous Self-Identification**

**Is your child of Indigenous descent or ancestry?**    **YES**    **NO**

**If "YES" to above, please indicate:**    **First Nation**    **Inuit**    **Metis**

**ESL/ELD Program (FRC USE ONLY)**

Recommended STEP Placement 1-6				
ESL	Oral	Reading	Writing	NO ESL
ELD	Oral	Reading	Writing	

<b>TRAVEL</b>	If student is eligible to take a school bus	<b>PICK UP</b> point is nearest to the address of (check one box only)	Student    Caregiver    Second Parent/ Guardian	<b>DROP OFF</b> point is nearest to the address of (check one box only)	Student    Caregiver    Second Parent/ Guardian

**Parent / Guardian Information****Student Name:**

<b>Surname:</b>			<b>First Name:</b>		
<b>Status in Canada:</b>			<b>Relationship to Student:</b>		
<b>Place of Employment:</b>					
<b>Emergency Contact Priority:</b> 1		2	3	<b>School Closure Contact Priority:</b> 1	
				2	3
<b>Home Phone No.:</b>		<b>Business Phone No.:</b>		<b>Cell.:</b>	
<b>E-mail (1):</b>		<b>E-mail (2):</b>		<b>Guardian:</b>	<b>Custody:</b>
<b>Lives with Student:</b>		<b>Agency Name (if applicable):</b>			
<b>Access to Records:</b>		<b>Receives Mail:</b>			
<b>Address (Street Number):</b>		<b>Street Name:</b>		<b>Unit/Apartment:</b>	
(if different from student)					
<b>City/Township:</b>		<b>Province:</b>		<b>Postal Code:</b>	

<b>Surname:</b>			<b>First Name:</b>		
<b>Status in Canada:</b>			<b>Relationship to Student:</b>		
<b>Place of Employment:</b>					
<b>Emergency Contact Priority:</b> 1		2	3	<b>School Closure Contact Priority:</b> 1	
				2	3
<b>Home Phone No.:</b>		<b>Business Phone No.:</b>		<b>Cell</b>	
<b>E-mail (1):</b>		<b>E-mail (2):</b>		<b>Guardian:</b>	<b>Custody:</b>
<b>Lives with Student:</b>		<b>Agency Name (if applicable):</b>			
<b>Access to Records:</b>		<b>Receives Mail:</b>			
<b>Address (Street Number):</b>		<b>Street Name:</b>		<b>Unit/Apartment</b>	
(if different from student)					
<b>City/Township:</b>		<b>Province:</b>		<b>Postal Code:</b>	

**Emergency Contact Information (Other Than Parents / Guardians)**

<b>Surname:</b>			<b>First Name:</b>		
<b>Relationship to Student:</b>			<b>Place of Employment:</b>		
<b>Emergency Contact Priority:</b> 1		2	3	<b>School Closure Contact Priority:</b> 1	
				2	3
<b>Home Phone No.:</b>		<b>Business Phone No.:</b>		<b>E-mail:</b>	

**Caregiver Information**

<b>Surname:</b>			<b>First Name:</b>		
<b>Emergency Contact Priority:</b> 1		2	3	<b>School Closure Contact Priority:</b> 1	
				2	3
<b>Home Phone No.:</b>		<b>House No. &amp; Street:</b>			
<b>City/Province:</b>		<b>Postal Code:</b>			

**Acknowledgement**

The personal information of this form is collected under the authority of the Education Act (RSO. 1990 c.E.2) and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO. 1990 c.M56), as amended. It will be used to establish the Ontario Student Record [OSR] and for student and education related purposes such as registration, administration, communication, collection of fees, data reporting, and Student Transportation Services. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to allow enforcement matters, and with third parties in accordance with established service agreements or in accordance with any other Act. Questions or concerns should be directed to the school principal or the Board's Freedom of Information Coordinator, Ottawa-Carleton District School Board, 133 Greenbank Road, Ottawa, Ontario, K2H 6L3, Telephone 613-596-8211 ext. 8607.

\_\_\_\_\_  
**Parent / Guardian Signature** (Please print this form) (Data is not saved)

\_\_\_\_\_  
**Date**

**To be filed in OSR**