



Application for Admission to Elementary School

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

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	

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

Parent / Guardian Information**Student Name:**

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

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

Emergency Contact Information (Other Than Parents / Guardians)

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

Caregiver Information

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

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