



Toronto Catholic District School Board

Student Registration Form

JEAN VANIER C.S.S.

(Enter School Name Above)

Admit Date:	Grade: Teacher:	
Student No.:	Class:	Special Ed. Register Yes No
Ontario Education Number (OEN):		Verification Document Type:

Student Information	Surname		First Name		Middle Name		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Surname		First Name		Middle Name		Date of Birth: (YYYY / MMM / DD)	
	Sibling in school: <input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ _____		Medical Information	Health Card No. (include version) Immigration Paper		Medical Alert Information or disability: _____ _____		Transportation Required: <input type="checkbox"/> No <input type="checkbox"/> Yes
				Immunization Record Received: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Home Address		Number/Street Name	Unit #	City	Postal Code	Phone No.	Unlisted <input type="checkbox"/>
Mailing Address (if different from home)		Number/Street Name	Unit #	City	Postal Code	Phone No.	Unlisted <input type="checkbox"/>	

Admit Information	Religious Information		Birth Country		Previous School Information	
	Baptismal Certificate: <input type="checkbox"/> No <input type="checkbox"/> Yes		Birth Country:		Country of Last Residence:	
	Baptismal Parish: _____		First Entry Date into Canada: (YYYY / MMM / DD)		Previous School:	
	City/Country: _____		Status in Canada:		Address: _____	
	Current Parish: _____		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other Visa		Phone #: _____ Fax #: _____	
	Under Mother _____ Father _____		<input type="checkbox"/> Refugee <input type="checkbox"/> Student Visa		School Board: _____	
Sacraments received		Verification :		Last Day Attended: _____		
<input type="checkbox"/> Baptism Date: _____		<input type="checkbox"/> Immigration Papers <input type="checkbox"/> OSR Record <input type="checkbox"/> Passport		Reason for transfer: _____		
<input type="checkbox"/> Reconciliation Date: _____		<input type="checkbox"/> Unable to Establish <input type="checkbox"/> Other				
<input type="checkbox"/> Eucharist Date: _____		Mother tongue:				
<input type="checkbox"/> Confirmation Date: _____		Language spoken at home:				
Aboriginal Student Voluntary Self Identification: <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Métis						

Father/Guardian Information	Title Surname		First name		Middle Name		Place of Employment:			
	Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to student:	Access to Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check all boxes which apply: <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Receives mail <input type="checkbox"/> Custody <input type="checkbox"/> Access to records <input type="checkbox"/> Speaks language of school				School support <input type="checkbox"/> Catholic <input type="checkbox"/> Public		
	Check contact priority sequence no. (1=high, 3=low) Emergencies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						School Closure: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			Phone Numbers: Home: _____
	Address (if different from student) Number/Street Name						Unit #	City	Postal Code	Business: _____ Cellular: _____ E-Mail: _____

Mother/Guardian Information	Title Surname		First name		Middle name		Place of Employment:			
	Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to student:	Access to Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check all boxes which apply: <input type="checkbox"/> Guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Receives mail <input type="checkbox"/> Custody <input type="checkbox"/> Access to records <input type="checkbox"/> Speaks language of school				School support <input type="checkbox"/> Catholic <input type="checkbox"/> Public		
	Check contact priority sequence no. (1=high, 3=low) Emergencies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						School Closure: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			Phone Numbers: Home: _____
	Address (if different from student) Number/Street Name						Unit #	City	Postal Code	Business: _____ Cellular: _____ E-Mail: _____

Contact Information (other than a parent)	Title Surname		First name		Middle name		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
	Relationship to student:		Access to Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency contact is someone (sitter or relatives) that is available between school hours and that you trust to look after your child when the parent / guardian are not available						
	Check contact priority sequence no. (1=high, 3=low) Emergencies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						School Closure: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			Phone Numbers: Home: _____
	Address (if different from student) Number/Street Name						Unit #	City	Postal Code	Business: _____ Cellular: _____ E-Mail: _____

Doctor Information	Title Surname		First name		Middle name		Phone Numbers:	
							Business: _____	

Signature:					Date:				
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