



Toronto Catholic District School Board

Student Registration Form

St. Joseph's College School

(Enter School Name Above)

Office Use Only

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

Student Information

Legal Name:	Surname	First Name	Middle Name	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Name:	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	Immunization Record Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert Information or disability: _____ _____	Transportation Required: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Home Address		Number/Street Name	Unit #	City	Postal Code
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 Baptismal Parish: _____ City/Country: _____ Current Parish: _____ Under Mother _____ Father _____	Birth Country:	Country of Last Residence:	Previous School: _____ Address: _____ Phone #: Fax #: _____ School Board: _____ Last Day Attended: _____ Reason for transfer: _____
Sacraments received <input type="checkbox"/> Baptism Date: _____ <input type="checkbox"/> Reconciliation Date: _____ <input type="checkbox"/> Eucharist Date: _____ <input type="checkbox"/> Confirmation Date: _____	First Entry Date into Canada: (YYYY / MMM / DD)	Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other Visa <input type="checkbox"/> Refugee <input type="checkbox"/> Student Visa	
Aboriginal Student Voluntary Self Identification: <input type="checkbox"/> First Nation <input type="checkbox"/> Inuit <input type="checkbox"/> Métis	Verification : <input type="checkbox"/> Immigration Papers <input type="checkbox"/> OSR Record <input type="checkbox"/> Passport <input type="checkbox"/> Unable to Establish <input type="checkbox"/> Other	Mother tongue: Language spoken at home:	

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

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

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

Signature:					Date:				
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The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the Toronto Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58(5), 265, 266 as amended, and is collected, used and disclosed in accordance with the Municipal Freedom of Information and Protection of Privacy Act (RSO 1990 M.56 (MFIPPA)). The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records.

The information will be used to register and place the student in a school, and for consistent purposes such as the allocation of staff and resources, to give information to employees to carry out their job duties, and to communicate with you about relevant TCDSB matters and matters related to the education of your child. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances or for law enforcement matters, in accordance with MFIPPA, or any other relevant Act. For questions about this collection, please speak to your area Superintendent.