



SECONDARY STUDENT REGISTRATION FORM

349 Erie Avenue, Brantford, N3T 5V3
519-756-6301 1-888-548-8878
www.granderie.ca

Notice to Parent/Guardian

Thank you for your interest in a secondary education with the Grand Erie District School Board. To register a student, the parent/guardian is required to provide information to the school by completing this Registration Form. Ensure that you complete all sections and provide the school with all of the original documentation required, as noted on the form.

Notice of Collection and Use of Personal Information

Information on this Registration Form is collected under the legal authority of the *Education Act* and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* [MFIPPA]. It will be used to establish the *Ontario Student Record* [OSR], and for student and education related purposes, such as registration, administration, communication, data reporting, and Student Transportation Services Brant Haldimand Norfolk. Student information such as name, D.O.B. and contact information is released to the Regional Health Units in accordance with the *Health Protection and Promotions Act* and the *Immunization of School Pupils Act*. Questions or concerns should be directed to the principal of this school or email info@granderie.ca

STUDENT INFORMATION SUMMARY			SCHOOL START DATE (MM/DD/YYYY):			
LEGAL LAST NAME		LEGAL FIRST NAME				
PREFERRED (usual) NAME		LEGAL MIDDLE NAME(S)				
BIRTH DATE - MM/DD/YYYY	GENDER Male ☐ Female ☐ Other ☐	LIVES WITH: Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other (specify):		Is there a court order regarding custody? Yes ☐ No ☐ (if yes, provide documentation)		
ADDRESS Apt/Unit House # Full Street Name City/Town Postal Code					HOME PHONE NUMBER	
Please help us to understand special living arrangements (e.g., student does not live with a parent) and/or custody orders by providing details here:						
LEGAL PARENTS and GUARDIANS						
NAME of LEGAL PARENT/GUARDIAN #1			PHONES (indicate Home, Work or Cell)	H	W	C
			MAIN:	☐	☐	☐
ADDRESS (if different from student)			2 ND :	☐	☐	☐
Apt/Unit House # Full Street Name			3 RD :	☐	☐	☐
City/Town Postal Code			E-MAIL ADDRESS (only if you consent to receive emails from the school):			
NOTES-- PARENT/GUARDIAN #1 If you wish to provide information that will help us to understand the student's family context such as stepparent, common-law spouse						
NAME of LEGAL PARENT/GUARDIAN #2			PHONES (indicate Home, Work or Cell)	H	W	C
			MAIN:	☐	☐	☐
ADDRESS (if different from student)			2 ND :	☐	☐	☐
Apt/Unit House # Full Street Name			3 RD :	☐	☐	☐
City/Town Postal Code			E-MAIL ADDRESS (only if you consent to receive emails from the school):			
NOTES-- PARENT/GUARDIAN #2 If you wish to provide information that will help us to understand the student's family context such as stepparent, common-law spouse						
NAMES OF SIBLINGS ATTENDING SCHOOLS IN GRAND ERIE who live at the same address as the student						

SCHOOL HISTORY		
DETAILS OF PREVIOUS SCHOOLING Public ☐ Catholic ☐ Private ☐ Home Schooled ☐ Out of Province/Country ☐		OEN (Ontario Education Number) if known
LAST SCHOOL ATTENDED		LOCATION
LANGUAGE OF LAST SCHOOL ATTENDED English ☐ French ☐ English and French ☐ Other (Specify):		DATE OF ENTRY TO FIRST SECONDARY SCHOOL - MM/DD/YYYY
Has student attended a Grand Erie school before? Yes ☐ No ☐		Is student currently expelled from previous school? Yes ☐ No ☐
Was Special Education Programming accessed at the previous school? Yes ☐ No ☐ Not Sure ☐ If yes, was there an Individual Education Plan (IEP)? Yes ☐ No ☐ Not Sure ☐		Grade student is entering:
ADDITIONAL INFORMATION (if applicable)		FIRST LANGUAGE SPOKEN
STUDENT LIVES ON: ☐ Six Nations of the Grand River ☐ Mississaugas of the Credit	SELF-IDENTIFICATION (if applicable) <i>this is voluntary/optional</i> ☐ First Nations ☐ Métis ☐ Inuit ☐	English ☐ French ☐ Other (specify): Language currently spoken at home:
CITIZENSHIP/STATUS original Citizenship and Immigration documents must be produced if student is new to the Grand Erie District School Board		
Canadian Citizen ☐ Permanent Resident ☐ Refugee Status ☐ Study Permit/Visitor Record ☐ Diploma Status/Minister's Permit ☐ Exchange Student ☐ Parent's Study Permit ☐ Parent's Work Permit ☐ Other Status ☐ Not Applicable ☐		
COUNTRY OF CITIZENSHIP		DATE OF ENTRY TO CANADA (if applicable) – YYYY/MM/DD
COUNTRY/PROVINCE OF BIRTH		PREVIOUS PROVINCE/COUNTRY OF RESIDENCE
EMERGENCY CONTACT/MEDICAL INFORMATION		
Does student have a condition that could lead to anaphylactic shock? Yes ☐ No ☐ if yes, please provide medical information/documentation		
Please provide medical information/documentation that the school needs to be aware of:		
EMERGENCY CONTACT (other than parent/guardian)	RELATIONSHIP	PHONE
I have obtained the consent of the person(s) listed above to have their name and telephone number used for emergency purposes Yes ☐		

PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION

Media Consent: I give permission for my child's personal information (e.g., picture, video, name, school work) to appear on school websites, on the board's social media outlets such as its YouTube channel, Facebook, Twitter account and in school-related stories in the newspaper, school or board brochures, student produced online newspapers and reports on websites. I understand that by consenting, my child's photo, video, school work, and/or name could be used in a way that makes it accessible to the public. **Yes ☐ No ☐**

Consent to Receive School Emails: Canada has implemented Anti-Spam legislation which requires us to have your consent to send you emails with content related to "commercial activity" such as information on yearbook sales, school fundraisers, field trips, student pictures, books, dance tickets, etc. If you wish to receive these emails, please indicate that here. You may withdraw your consent at any time by contacting the school. **Yes ☐ No ☐**

For Students Residing on Six Nations of the Grand River: I give permission for student achievement information (e.g., name, grade, achievement) to be provided to elementary schools that the student attended for the purpose of improving elementary programming. **Yes ☐ No ☐**

I understand that student personal information (e.g., name, D.O.B.) and achievement data is released by the board to Indigenous Services Canada in order to fulfil our agreements with respective Bands. **Yes ☐**

For Students Residing on the Mississaugas of the Credit First Nation (MCFN): I give permission for student information (e.g., name, grades, attendance, discipline, IEPs, IPRC notices and decisions, etc.) to be provided to the MCFN Education Director in confidence to help MCFN support its young people. **Yes ☐ No ☐**

I authorize MCFN to initiate/attend IPRC reviews/meetings to advocate for better student supports. **Yes ☐ No ☐**

Authorization may be revoked at any time in writing by letter or email.

I verify that the information provided on this form is true and correct. I understand that it is my responsibility to inform the school immediately of any changes to the information contained on this form.

SIGNATURE OF PARENT/GUARDIAN or STUDENT IF 18 YEARS OR OLDER:

DATE

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