

Parent/Guardian or CAS Agency Information:

Student Name: _____

 CAS in Care of: (Note: if this is checked enter CAS Agency below)

Name or CAS: _____			Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Mr./Mrs.	First Name	Surname		
Relationship to Student: _____		Place of Employment: _____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Home Phone Number: _____		Business Phone Number: _____		Ext: _____
Cell Phone Number: _____		E-mail Address: _____		
Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	Lives with Student: <input type="checkbox"/>		
Access to Records: <input type="checkbox"/>	Speaks School Language: <input type="checkbox"/>	Receives Mail: <input type="checkbox"/>		
Address if Different from Student: _____				
	Number/Street	Unit #	City/Township	Postal Code

Name: _____			Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Mr./Mrs.	First Name	Surname		
Relationship to Student: _____		Place of Employment: _____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Home Phone Number: _____		Business Phone Number: _____		Ext: _____
Cell Phone Number: _____		E-mail Address: _____		
Guardian: <input type="checkbox"/>	Custody: <input type="checkbox"/>	Lives with Student: <input type="checkbox"/>		
Access to Records: <input type="checkbox"/>	Speaks School Language: <input type="checkbox"/>	Receives Mail: <input type="checkbox"/>		
Address if Different from Student: _____				
	Number/Street	Unit #	City/Township	Postal Code

Emergency Contact Information:

Name: _____			Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Mr./Mrs.	First Name	Surname		
Relationship to Student: _____		Place of Employment: _____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___	
Home Phone Number: _____		Business Phone Number: _____		Ext: _____
Cell Phone Number: _____		E-mail Address: _____		

Name: _____			Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Mr./Mrs.	First Name	Surname		
Relationship to Student: _____		Place of Employment: _____		
Emergency Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___	School Closure Contact Priority:	1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: ___	
Home Phone Number: _____		Business Phone Number: _____		Ext: _____
Cell Phone Number: _____		E-mail Address: _____		

The personal information on this form is being collected under the authority of the Education Act, R.S.O. as amended and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. This information will be used for the purpose of establishing a student record and for necessary statistical purposes. Opportunities will be provided to update this information annually.

Ontario Law states that the Health Unit must know your child's immunization status. The Ontario Health Card number is being requested to facilitate in the event of a medical emergency.

Any questions with respect to this information should be directed to the Principal of the school in which the student is applying/registered.

I certify that the information provided on this form is accurate.

Parent/Guardian Signature: _____ Date: _____