STUDENT REGISTRATION FORM

SUPERIOR HEIGHTS C. & V. S.
750 NORTH STREET
SAULT STE MARIE ON P6B 2C5
(705) 945-7177
Fax (705) 945-7170

Age Verification/Birth Certificate _____ Admit Date _____

Student Information:

Year of Entry to High School: _____ (Literacy) **Current Grade ___**

Legal Name: _____
Surname First Name Middle Name

Preferred Name: _____
Surname First Name Middle Name

Gender (please circle one): Male Female **Date of Birth: _____**
Year Month Day

Does the student have siblings in the school (please circle one): Yes No **Province of Birth _____**

If student has siblings in the school, please list them: _____

Health Card Number (including version number): _____

Dr. _____ **Phone: _____**

Medic Alert Information or Disability: _____

If country of birth is other than resident country, please fill out the following section:

Birth Country: _____

Country of Citizenship: _____ **Status in Resident Country: _____**

Arrival Date: _____ **Expiry Date: _____**

Mother Tongue: _____ **Language(s) Spoken at Home: _____**

Home Address: _____
Street Address Apt. # City Township Postal Code

Mailing Address: _____
Street Address Apt. # City Township Postal Code

Home Phone Number: _____ **Unlisted ☐**

Will the student require transportation by bus (please circle one) Yes No

Previous School Information:

Previous School Attended: _____

Address: _____
Street Address City Province Country

Language of Instruction: _____ **Last Day Attended: _____**

Last Grade Attended: _____ **Reason for Transfer: _____**

French Immersion [ ] **IPRC [ ]** **Non Exceptional IEP [ ]**
Student has an IEP: Yes [ ] No [ ] **OSSLT (Literacy Test) Completed [ ] Yes [ ] No**
Voluntary Aboriginal Self-Identification: First Nation ____ Metis _____ Inuit _____

Student Name: _____

Parent/Guardian Information:

Name: _____ **Male ☐ Female ☐**
Mr/Mrs/Ms First Name Last Name

Relationship to Student: _____ **Place of Employment:** _____

Emergency Contact Priority (please circle one, 1 =high, 3 = low): 1 ☐ 2 ☐ 3 ☐

School Closure Contact Priority (please circle one, 1=high, 3=low): 1 ☐ 2 ☐ 3 ☐

Home Phone Number: _____ **Business Phone Number:** _____

Cellular Phone Number: _____ **E-Mail Address:** _____

Guardian ☐ Custody ☐ Lives with Student ☐ Receives Mail ☐ Access to Records ☐ Speaks School Language ☐

Address (if different from student): _____
Number Street Name Apt. # City Province Postal Code

School Support: Public ☐ Catholic ☐

Emergency Contact Information:

Name: _____ **Male ☐☐☐ Female ☐**
Mr/Mrs/Ms First Name Surname

Relationship to Student: _____ **Place of Employment:** _____

Emergency Contact Priority: ☐☐1 ☐ 2 ☐ Other ___ School Closure Contact Priority: 1 ☐ 2 ☐ Other ___

Home Phone Number _____ **Business Phone Number** _____

Cell Phone Number _____ **E-mail Address** _____

_____

Name: _____ **Male ☐☐☐ Female ☐**
Mr/Mrs/Ms First Name Surname

Relationship to Student: _____ **Place of Employment:** _____

Emergency Contact Priority: 1 ☐ 2 ☐ Other ___ School Closure Contact Priority: 1 ☐ 2 ☐ Other ___

Home Phone Number _____ **Business Phone Number** _____

Cell Phone Number _____ **E-mail Address** _____

This information is collected pursuant to the School Board's responsibilities as set out in the Education Act and its regulations.

This information is collected for educational purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989.

This information will become part of the Ontario Student Record and opportunities will be provided to update this information annually.

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

Ontario School Record – OSR is the record of a student's educational progress through schools in Ontario. Each student and parent of a student who is not an adult (under 18 yrs.) has access to all of the information contained in the OSR. An OSR consists of the following components: report cards, an Ontario Student Transcript, where applicable, a documentation file, where applicable, an office index card, additional information identified as being conducive to the improvement of the instruction of the student.

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

Signature of Parent/Guardian: _____