



Kawartha Pine Ridge District School Board

School of Registration: _____ Start Date: _____

Student Information

Legal Documents Verified: Yes No

Last Name (Legal) _____ First Name (Legal) _____ Middle Name (Legal) _____

Last Name (Preferred) _____ First Name (Preferred) _____ Middle Name (Preferred) _____

Male Female Prefer to not Disclose Prefer to Specify _____

Date of Birth: ___/___/___ (DD/MM/YYYY) Current Grade: _____

OEN: _____ Years in Secondary School: _____

Name of school most recently attended: _____

City: _____ Province: _____ School Phone Number: (____) ____-____

First entered Ontario Secondary School after grade 9? Yes No

Does the student have an Individual Education Plan (IEP)? Yes No

Not to be entered into Aspen. Pass this information to Resource Staff.

Is the student currently under suspension and/or expelled from a school and/or board? Yes No

Siblings

If the student has brothers or sisters in this school, please complete:

Name	Name
1) _____	3) _____
2) _____	4) _____

Medical

Plan of Care:

If your child has any medically diagnosed and potentially life threatening circumstances such as anaphylactic reactions, diabetes, seizures or asthma, **please notify the Principal immediately**. An individualized Plan of Care will be developed by the parent/guardian and the Principal to address your child's individual needs.

Immunization Record Received: Yes No

Medication: are routine medications needed? Yes* No

If YES, give details _____

*If administered at school, please complete the "Authorization for Medication Form".

Health Problems: are there restrictions which may affect school work or physical activity? Yes No

If YES, give details _____

If your child has significant health factors, please describe below: Life Threatening

_____ Yes No

_____ Yes No

Country of Citizenship to be completed for ALL students:

Legal Documents Verified: Yes No

ESL Eligibility Confirmation Form Completed: Yes No (If applicable, Pupil Eligibility Attestation Form)

Birth Country:

Province of Birth:

Country of Last Residence:

Residency

Legal Documents Received: Yes No

CONTACT INFORMATION:

Other	Last Name		First Name		
	Relationship		Gender	Male	Female
	Access to student No Access	Guardian Custody	Lives with student Receives Mail	Access to Records Speaks School Language	
	Circle: Emergency Priority: 1 2 3 4		Circle: School Closure Priority: 1 2 3 4		
	Home Phone Number: (____) ____ - ____		Cell Phone Number: (____) ____ - ____		*E-mail
	Home Address (complete ONLY if different from student)			Business Phone: (____) ____ - ____ ext. ____	
	Number	Street	Apt. No.	Unit No.	911#
	RR#	PO Box	City/Town	Province	Postal Code

Information Release

Information Release

- I give permission for my child and my child's image, art work, articles and school projects to be included in Teacher/School/School Board websites, publications, videos and video conferencing. Yes No
- I give permission for the news media to interview my child, publish or broadcast photos or videos of my child and/or publicize my child's work. Yes No ___
- Teachers may w1ar7>904614 44.06e5(mPBT MCID 147/Lang (en-CA)>BDC 44.0 3167 553.0 244.0 r6BT/F1 9.96f1 (