

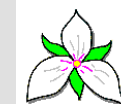
# Student Application- *Elementary*

School Name: \_\_\_\_\_



(OFFICE USE ONLY)

Trillium Student No: \_\_\_\_\_ Ontario Education No. : \_\_\_\_\_  
 Admit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Track: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Program: \_\_\_\_\_  
 Y Y Y Y MTH. D D



Admit Code:  Beginner  From This Board  From Other School Board  
 From Care/Treat/Corr Facility  From Outside Canada  From Province Outside of Ontario  
 From Private School in Ontario  From Native Ed. Auth. School  
 Returning from Exchange  Returning after non-attendance  
 Verified by: \_\_\_\_\_

STUDENT INFORMATION

<b>Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>
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**Note:** Legal Name must be shown on legal document (i.e. birth certificate, passport, etc.) and will appear on all school Official Records.

<b>Preferred Last Name</b> (If different from Legal Name)	<b>Preferred First Name</b> (If different from Legal Name)	Female <input type="checkbox"/> Male <input type="checkbox"/>	<b>Date of Birth</b> ____/____/____ Y Y Y Y MTH. D D	<b>Sibling(s):</b> Does the student have any brother(s) or sister(s) in school? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Home Address:** \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Listed: Yes  No   
 Street No. and Name \_\_\_\_\_ Apt. # \_\_\_\_\_  
 \_\_\_\_\_ Other Phone Number: (\_\_\_\_) \_\_\_\_\_ Type: \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Proof of Residency Verification Document Shown:**  
 1) \_\_\_\_\_ 2) \_\_\_\_\_

<b>Does the student have Life-threatening allergies</b> ( e.g. Anaphylaxis): Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Medical Alert Information or Disability:</b> _____ Health Card or Private Insurance Policy Number _____ (Optional)	<b>Is Epi- Pen Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Office Use Only</i> Proof of Immunization Record Shown Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Program:**

Previous School Attended: \_\_\_\_\_ Has student previously received Special Education support? Yes  No   
 Previous School Board: \_\_\_\_\_ Type of Program (if known): \_\_\_\_\_

Is this student **currently** under **suspension** from any School or Board? Yes  No   
 Is this student **currently** under **expulsion** from any School or Board? Yes  No

<p><b>Office Use Only - For Funding Purposes</b>  <b>Fees Required If: (Approved by TDSB Admissions Office)</b></p> <p>Student/Parent is on Study Permit <input type="checkbox"/>                  Student/Parent is a Visitor to Canada <input type="checkbox"/>                  Fees paid by the Government of Canada <input type="checkbox"/>                  Fees are paid by a Native Education Authority <input type="checkbox"/></p> <p><b>If uncertain</b>, please consult or refer parent/guardian to the TDSB Admissions Office at 5050 Yonge St. Main Floor (416) 395-8109/9618</p>	<p><b>English as Second Language Funding Purposes</b></p> <p>If student is <b>not</b> born in Canada, indicate Country _____                  Arrival Date in Canada ____/____/____                  Y Y Y Y MTH. D D                  Verification Document shown: _____                  Province of Birth and Arrival Date _____</p>	<p><b>Language</b></p> <p>First Language of Student : _____                  Second Language Spoken at Home: _____</p>
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**Primary Contacts – (Mother/Father/Legal Guardian)**

**Parent/Legal Guardian**

Mr./Mrs./Ms.(Please circle one)

Name: \_\_\_\_\_

Last Name

First Name

Relationship to Student:

(Please check one) Mother  Father  Legal Guardian

Home Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Listed

Business Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Ext.

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

E- Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(If parent/guardian doesn't live with student)

Access to Student: Yes  No

In Emergency, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

For Early Closure, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Guardian  Receives Mail

Custody  Access to Records

Lives with Student  Speaks English

**Parent/Legal Guardian**

Mr./Mrs./Ms.(Please circle one)

Name: \_\_\_\_\_

Last Name

First Name

Relationship to Student:

(Please check one) Mother  Father  Legal Guardian

Home Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Listed

Business Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Ext.

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

E- Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(If parent/guardian doesn't live with student)

Access to Student: Yes  No

In Emergency, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

For Early Closure, contact this person: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Guardian  Receives Mail

Custody  Access to Records

Lives with Student  Speaks English

**Emergency Contact**

Male  Female

Name: \_\_\_\_\_

Last Name

First Name

Home Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Listed

Business Phone Number:(\_\_\_\_) \_\_\_\_\_   
Area Code Ext.

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

Relationship to Student \_\_\_\_\_

**Other Contact**

Male  Female

Name: \_\_\_\_\_

Last Name

First Name

Home Phone Number: (\_\_\_\_) \_\_\_\_\_   
Area Code Listed

Other Phone Number ( ) \_\_\_\_\_  
Area Code

Relationship to Student \_\_\_\_\_

**Voluntary First Nation, Métis and Inuit Self-Identification.** All parents/guardians of Aboriginal students, and students where they are 18 years of age or older, have the right to voluntarily self-identify.

**Please check the most appropriate box to indicate Aboriginal identity (if applicable). Please select one box only.**

First Nation (Status or non-Status)  Métis  Inuit  Aboriginal person from outside Canada  Other (please specify) \_\_\_\_\_

All information provided above is correct and true. All admissions are conditional pending receipt of required documentation.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y Y Y Y MTH. D D

Personal information on this form is collected under the authority of the *Education Act*, R.S.O. 1990, c.E.2 and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O., 1990, c.M.56, and will be used by School Administration in the creation of the Emergency Calling Network. The Ontario Health Card number will be shared with local public health authorities. All personal information collected on this form will be stored on the Office Index Card. This information is updated annually. Questions about this collection should be directed to the F.O.I. Coordinator at the Toronto District School Board, 5050 Yonge Street, Toronto, Ontario, M2N 5M8. Tel: (416)397-3288.