York Region District School Board — InspireLearning!

OEN#:	Grade:
Teacher:	Admit Date:

This Section for Office Use Only

Secondary Student Registration Form

Information on this form will be used for home/school communications, planning and programming such as transportation, and to establish the Ontario Student Record. 1) Save this Form to your computer Desktop 2) Open using Adobe Acrobat Reader DC > File > Save (when Done)

PLEASE PRINT

Student Information

Legal Name - Family Name, First Name and Middle Name

Preferred Name - Last Name, First Name

Date of Birth: (yyyy/mm/dd)	Grade	Siblings at This School: ☐Yes ☐No	Name: _____ Name: _____

Gender ◯M ◯F ◯ Prefer Not to Disclose ◯Prefer to Specify _____ Gender Identity (Two-Spirit, Agender, Another Gender, Bigender, Gender Diverse, Genderfluid, Genderqueer, Intersex, Nonbinary, Trans Boy, Trans Feminine, Trans Girl, Trans Man, Trans Masculine, Trans Woman)

#/Street	Unit #	City/Town	
P.O. Box or RR# / Township		Postal Code	Home Phone # Unlisted ☐

Medical Alert Information/ Disability/Allergies:

Country of Birth:	Country of Last Residence:
Province of Birth:	Arrival Date:
Country of Citizenship:	Status In Canada:
First Language:	Language(s) Spoken at Home:
Main Language Spoken at Home:	Student Identification Through IPRC ☐Yes ☐No Student has an IEP ☐Yes ☐No

If the student is considered to be of Indigenous ancestry, please check all categories that apply: ☐ First Nation ☐ Métis ☐ Inuit

Parent/Legal Guardian Information

Custody Information****: ◯Both Parents ◯Mother Only ◯Father Only ◯Shared ◯Joint ◯Guardian ◯C.A.S.

Living With: ◯Both Parents ◯Mother Only ◯Father Only ◯Guardian ◯Other ◯C.A.S.

Note: ****Written Custody Agreement or Court Order should be retained in the student's OSR.

Parent/Guardian Information #1

Name - Last Name, First Name:

Relationship to Student:	Gender ☐M ☐F	Salutation:
Emergency Contact Priority: 1◯ 2◯ 3◯	School Closure Contact Priority: 1◯ 2◯ 3◯	
Guardian: ☐ Custody: ☐	Lives with Student: ☐	Special Custody: ☐
Access to Records: ☐ Speaks School Language: ☐	Receives Mail: ☐	
Home Phone #	Business Phone #	ext.
Cell Phone #	Email address	

Address (if different from student) #/Street:

City/Town	Unit #	P.O. Box or RR#	Township	Postal Code

Parent/Guardian Information #2

Name - Last Name, First Name:

Relationship to Student:	Gender ☐M ☐F	Salutation:
Emergency Contact Priority: 1◯ 2◯ 3◯	School Closure Contact Priority: 1◯ 2◯ 3◯	
Guardian: ☐ Custody: ☐	Lives with Student: ☐	Special Custody: ☐
Access to Records: ☐ Speaks School Language: ☐	Receives Mail: ☐	
Home Phone #	Business Phone #	ext.
Cell Phone #	Email address	

Address (if different from student) #/Street:

City/Town	Unit #	P.O. Box or RR#	Township	Postal Code

LIVEWORKSHEETS