



J. Addison School

Student Registration Form

2 Valleywood Drive
 Markham, ON. L3R 8H3
 (905) 477 - 4999
www.addisonschool.com

Office Use Only	
Admit Date:	OEN:
Grade:	Student No.:
Class:	Verification Document Type:

	Legal Name:	Surname	First Name	Preferred Name	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Home Address:	Number/Street Name	Unit #	Date of Birth:(YYYY/MM/DD)			
	City	Province	Postal Code	Mailing Address: (if different from home)	Number/Street Name	Unit #	
	Phone No.			City	Province	Postal Code	

Father/Guardian Information

Title _____ Surname _____ First Name _____

Address: (if different from student)
 Number/Street Name _____ Unit # _____

City _____ Postal Code _____

Phone Numbers Home: _____ Cellular: _____ Business: _____

Relationship to Student: _____

Check contact priority First Person Second Person Third Person

Please check all boxes which apply: Access to records Receives mail Guardian

Custody Lives with student

Access to Student: Yes No

Mother/Guardian Information

Title _____ Surname _____ First Name _____

Address: (if different from student)
 Number/Street Name _____ Unit # _____

City _____ Postal Code _____

Phone Numbers Home: _____ Cellular: _____ Business: _____

Relationship to Student: _____

Check contact priority First Person Second Person Third Person

Please check all boxes which apply: Access to records Receives mail Guardian

Custody Lives with student

Access to Student: Yes No

Personal Information contained on this form is collected under the authority of Section 170 & 266 of the Education Act, R.S.O. 1990. Questions should be directed to the school principal.

Emergency Contact Information

Title _____ Surname _____ First Name _____

Address: (if different from student)
 Number/Street Name _____ Unit # _____

City _____ Postal Code _____

Phone Numbers Home: _____ Cellular: _____ Business: _____

Relationship to Student: _____

Check contact priority First Person Second Person Third Person

Medical Information

Health Card No.(include version) _____

Immunization Record Received: Yes No

Doctor's Name _____ Doctor's Phone # _____

Address: _____

Medication _____

Medical Information (allergies, medical alerts, medication) _____

If Birth Country is Not Canada

Birth Country: _____ Country of Last Residence: _____

Arrival/Entry Date:(YYYY/MM/DD) _____

Status in Canada: Canadian Citizen Landed Immigrant Refugee
 Student Visa Other Visa

Verification: OSR Record Passport Transcript/Report Card
 Immigration Papers Other

Mother Tongue: _____ Language spoken at home: _____

Previous School Information

Previous School: _____ Address: _____

School Board: _____ Last Day Attended: _____

Reason for Transfer: _____

Personal Information contained on this form is collected under the authority of Section 170 & 266 of the Education Act, R.S.O. 1990. Questions should be directed to the school principal.

Information is collected pursuant to the Education Act. Limited information may be disclosed beyond the board for purposes such as:

- * Student council activities and School council communications
- * In case of an accident or witness to an accident, the student's name and home address will be released
- *The release of names, ages, grades, with photographs, artwork, writing or other school work to the media for publicity,
- *The use of names and/or photographs for displays in the school, newsletters and yearbooks.
- *If you do not consent to the lease of information for these purposes, please inform the principal in writing within 20 days.

Notice of any changes in this information must be provided to the school office.

I hereby certify that the above information is accurate to the best of my knowledge.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature if student is under 18: _____ **Date:** _____