



**Parent / Guardian Information****Student Name:**

<b>Surname:</b>			<b>First Name:</b>		
<b>Status in Canada:</b>			<b>Relationship to Student:</b>		
<b>Place of Employment:</b>					
<b>Emergency Contact Priority:</b> 1		2	3	<b>School Closure Contact Priority:</b> 1	
				2	3
<b>Home Phone No.:</b>		<b>Business Phone No.:</b>		<b>Cell:</b>	
<b>E-mail (1):</b>		<b>E-mail (2):</b>		<b>Guardian:</b>	<b>Custody:</b>
<b>Lives with Student:</b>		<b>Agency Name (if applicable):</b>			
<b>Access to Records:</b>		<b>Receives Mail:</b>			
<b>Address (Street Number):</b>		<b>Street Name:</b>		<b>Unit/Apartment:</b>	
(if different from student)					
<b>City/Township:</b>		<b>Province:</b>		<b>Postal Code:</b>	

<b>Surname:</b>			<b>First Name:</b>		
<b>Status in Canada:</b>			<b>Relationship to Student:</b>		
<b>Place of Employment:</b>					
<b>Emergency Contact Priority:</b> 1		2	3	<b>School Closure Contact Priority:</b> 1	
				2	3
<b>Home Phone No.:</b>		<b>Business Phone No.:</b>		<b>Cell:</b>	
<b>E-mail (1):</b>		<b>E-mail (2):</b>		<b>Guardian:</b>	<b>Custody:</b>
<b>Lives with Student:</b>		<b>Agency Name (if applicable):</b>			
<b>Access to Records:</b>		<b>Receives Mail:</b>			
<b>Address (Street Number):</b>		<b>Street Name:</b>		<b>Unit/Apartment:</b>	
(if different from student)					
<b>City/Township:</b>		<b>Province:</b>		<b>Postal Code:</b>	

**Emergency Contact Information (Other Than Parents / Guardians)**

<b>Surname:</b>			<b>First Name:</b>		
<b>Relationship to Student:</b>			<b>Place of Employment:</b>		
<b>Emergency Contact Priority:</b> 1		2	3	<b>School Closure Contact Priority:</b> 1	
				2	3
<b>Home Phone No.:</b>		<b>Business Phone No.:</b>		<b>E-mail:</b>	

**Caregiver Information**

<b>Surname:</b>			<b>First Name:</b>		
<b>Emergency Contact Priority:</b> 1		2	3	<b>School Closure Contact Priority:</b> 1	
				2	3
<b>Home Phone No.:</b>		<b>House No. &amp; Street:</b>			
<b>City/Province:</b>		<b>Postal Code:</b>			

**Acknowledgement**

The personal information on this form is gathered under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended, as well as, Immunization of School Pupils Act and the Personal Health Information Protection Act, and will be used by the school and central administrative staff to register and place the student and to provide a broad range of academic, health and administrative services. In addition, the information may be used to deal with matters of health and safety or discipline and may be disclosed as required by law under the Education Act or any other Act. Anyone having the right, may access this information by contacting the principal of the school. Please keep the school advised of any changes in the above information as soon as possible. For questions about this collection, speak to the school principal. Specific questions can be directed to Freedom of Information Coordinator at OCDSB-Administration Building, 133 Greenbank Road, Ottawa, ON, (613) 596-8211. **CONFIDENTIAL WHEN COMPLETED**

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**Parent / Guardian Signature** (Please print this form)\_\_\_\_\_  
**Date****To be filed in OSR**