



STUDENT REGISTRATION FORM

40 Richmond Street, Brantford, Ontario N3T 3Y3
Tel: (226) 387-0179 Email: info@victoriaacademy.ca

Student Name: _____

Student Information – Print in Block Letters (Capital Letters)

Student Information

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

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

Date of Birth: _____ / _____ / _____ Male Female

Date of Birth Verification:

Birth Certificate Canadian Citizenship Immigration Papers Passport Other

Has the student ever been registered at a school within the Grand Erie District School Board?
Yes No

If Yes, provide the name of the school within the Grand Erie District School Board most recently attended:

_____ Last grade attended _____

Has the student ever been registered at a school within the Province of Ontario? Yes No

If Yes, provide the name of the school most recently attended: _____

If No, provide the name of the school most recently attended outside of Ontario:

_____ Last grade attended _____

School Address: _____ School Phone Number: _____

School Fax Number: _____ School e-mail: _____

Name of School Board: _____

Is the student currently suspended from school? Yes No

Is the student currently expelled from a school or board? Yes No

Has the student ever been previously suspended/expelled from a school or board? Yes No

Special Education

Has the student ever received special education support? Yes No

Medical Information

Health Card No. _ _ _ _ _ Immunization Record Complete: Yes No

Medical Conditions:

If your child has significant health factors of which the school should be aware, please describe the condition(s) below.

	Life Threatening	
_____	Yes <input type="radio"/>	No <input type="radio"/>
_____	Yes <input type="radio"/>	No <input type="radio"/>
_____	Yes <input type="radio"/>	No <input type="radio"/>

ABORIGINAL STUDENT SELF-IDENTIFICATION: (please check off one of the boxes below, this is voluntary)

First Nation Ancestry Inuit Ancestry Metis Ancestry

Fill in the section below, ONLY if country of birth is other than Canada:

Legal Documents Required to make any changes

Birth Country _____ Arrival Date _____ Status in Canada _____

Verification _____ Expiry Date _____ Country of Last Residence _____

Country of Citizenship to be completed for ALL students:

Country of Citizenship _____ Province of Birth _____
(If born in Canada)

Languages Spoken *(if other than English)*:

1) _____ First Language Spoken at Home

2) _____ First Language Spoken at Home

Home Address

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

Home Phone Number: _____ - _____ - _____

Mailing Address *(if different from home address)*

Number _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

Parent and/or Legal Guardian Information

1) Last Name _____ First Name _____ Male Female

Relationship: Mother Father Step Parent Parent Foster Parent Legal Guardian

Please check all applicable boxes: Access to Student No Access Guardian Custody

Live with Student Access to Records Receives Mail Speaks School Language

(Please Circle, 1 = high, 4 = low) For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. ___ - ___ - ___ Cell. No. ___ - ___ - ___ E-mail Address _____

Place of Employment _____ Business No. ___ - ___ - ___ ext. ___

Home Mailing Address *(complete only if different from student)* No. _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____ City/Town _____ Prov. _____ Postal Code _____

2) Last Name _____ First Name _____ Male Female

Relationship: Mother Father Step Parent Parent Foster Parent Legal Guardian

Please check all applicable boxes: Access to Student No Access Guardian Custody

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(Please Circle, 1 = high, 4 = low) For Emergency: Priority 1 2 3 4 For School Closure: Priority 1 2 3 4

Home No. ___ - ___ - ___ Cell. No. ___ - ___ - ___ E-mail Address _____

Place of Employment _____ Business No. ___ - ___ - ___ ext. ___

Home Mailing Address *(complete only if different from student)* No. _____ Street _____

Apt. No. _____ Unit No. _____ Suite No. _____ City/Town _____ Prov. _____ Postal Code _____

Emergency Contact Information

If parent/guardian not available, contact this person.

1) Last Name _____ First Name _____

Female Male Relationship to student: _____

Home No. ___-___-___ Cell No. ___-___-___ ext. ___ Bus. No. ___-___-___

2) Last Name _____ First Name _____

Female Male Relationship to student: _____

Home No. ___-___-___ Cell No. ___-___-___ ext. ___ Bus. No. ___-___-___

Student Contact Info: Cell Phone No. ___-___-___ Email _____

Additional Student Information:

Please note that this information and any other personal information about your son/daughter is collected, retained, used and disclosed pursuant to sections 28, 29, 30, 31 and 32 of the Municipal Freedom of Information and Protection of Privacy Act for the purpose of fulfilling the School's responsibilities as set out in the Education Act, Regulations and Ministry of Education Policies, Procedures, Standards and Guidelines. Opportunities will be provided to update the personal information collected annually. Any questions with respect to the personal information collected should be directed to the Principal of the School.

I certify that the information given on this form is correct.

Parent/Guardian Signature: _____ Date: _____