

Student Registration and Information Form – Elementary School

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STUDENT PERSONAL INFORMATION PART 2

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PARENT/GUARDIAN CONTACT INFORMATION

Custody Information

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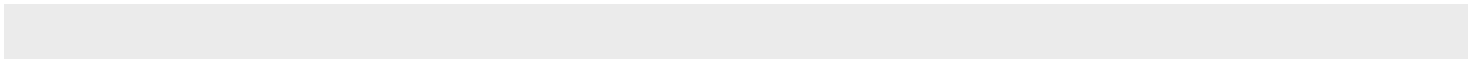
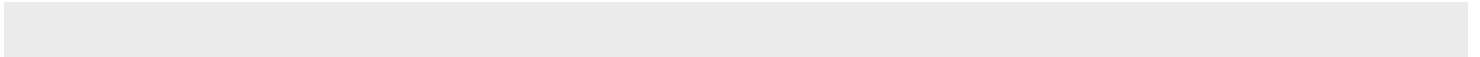
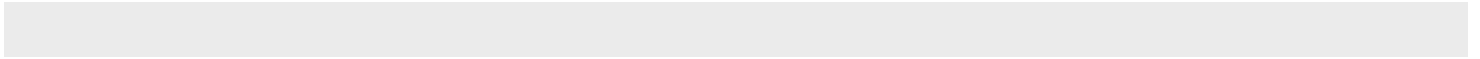
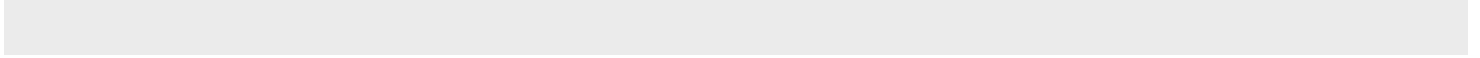
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SPECIAL EDUCATION/SPECIAL NEEDS

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SIGNATURES

Falsifying information on this form may rescind the admission to this elementary school

Signature 1

Signature 1

YYYY - MMM - DD
EA DA

Signature 2

Signature 2

YYYY - MMM - DD
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OFFICE USE ONLY

School:

Grade:

Teacher:

Start Date:

Signature 3

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Signature 4

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Ontario Immunization Reference # _____

Immunization/Vaccine Record or New School Registrant -
Immunization Submission Form

Signature 5

CC: Copy to be filed in the OSR