



School/Site _____ Ontario Education Number (OEN) _____ Enrolment Date _____ <p style="text-align: center;">OSR Status: <input type="checkbox"/> Requested <input type="checkbox"/> Received <input type="checkbox"/> OSR Index Card Made</p>
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Student Information

LEGAL NAME (on Birth Certificate): _____			
Preferred Name (if different from legal name):	Last Name	First Name	Middle Name
	Last Name	First Name	Middle Name
Gender (please check one):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other Category _____
PROOF OF DATE OF BIRTH RECEIVED: <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Cert.			Date of Birth: _____ <small>(MM - DD - YYYY)</small>
Student's First Language: _____		Main Language Spoken at Home: _____	
Is this Student of Native Ancestry? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, select one: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			
Band Information: _____			

Student Address/Phone

Home/911 Address: _____						
House #	Street Name	City/Town			Postal Code	
Mailing Address: <input type="checkbox"/> Same as Home/911 Address						
House #	Street Name	Apt. #	P.O. Box #	RR	City/Town	Postal Code
PROOF OF ADDRESS RECEIVED:						
<input type="checkbox"/> Current Property Tax Bill			<input type="checkbox"/> Current Home Phone/Cable/Internet Bill			
<input type="checkbox"/> Current Utility Bill			<input type="checkbox"/> Current Agreement of Purchase and Sale			
<input type="checkbox"/> Other: please specify _____						
Note: Driver License is not acceptable for audit purposes.						
Home Phone #: _____		Cell Phone #: _____		Email _____		

Previous School Information

Previous School: _____		Last Day of Attendance: _____	
Previous School Board: _____		Language of Instruction: _____	
School Address: _____			
Street	City	Province/State	Country
The year he/she first entered an ON Secondary School _____		Reason for Transfer _____	

Student Medical Information

Health Card Number (including version #): _____

Does this Student have a Life Threatening Condition? No Yes *If yes, use form C1 and C2*

Does this Student have Anaphylaxis? No Yes *If yes, use form C3*

Does this Student have Asthma? No Yes *If yes, use form C4*

Does this Student have Type 1 Diabetes? No Yes *If yes, use form C5*

Does this Student have Epilepsy? No Yes *If yes, use form C6*

Does this Student have a Disability? No Yes *If yes, please describe* _____

Citizenship/Immigration Information

Parent or student must present proof of student's entry into Canada. Date of entry is the date that the Student enters Canada to live, not a short-term visit/vacation in Canada taken beforehand. Check off the document presented, and the data on the document (should match the date of entry). **Only one document is required.**

CANADIAN CITIZENSHIP (Child born in Canada - Pupil of the Board)

City of Birth: _____ Province of Birth: _____

FEE PAYING STUDENT (Other Pupil - No Proof of Address Required - Contact Accounts Receivable)

Student Study Permit for Visa Student – Study Permit valid from _____ to _____
(MM - DD - YYYY) (MM - DD - YYYY)

Student Visa – Total Tuition Fee Paid \$: _____ Fee Payment Date: _____
(MM - DD - YYYY)

Visitor Record – Visitor Record valid from _____ to _____
(MM - DD - YYYY) (MM - DD - YYYY)

Visitor Visa – Total Tuition Fee Paid \$: _____ Fee Payment Date: _____
(MM - DD - YYYY)

Native Education Authority – Tuition Agreement from _____ to _____
(MM - DD - YYYY) (MM - DD - YYYY)

NEA Payment– Total Tuition Fee Paid \$: _____ Fee Payment Date: _____
(MM - DD - YYYY)

EXCHANGE AGREEMENT (Our Student Attending Host School)

Name of Reciprocal Student: _____ Country Of Reciprocal Student: _____

Agency: _____ Duration of Exchange: _____ to _____
(MM - DD - YYYY) (MM - DD - YYYY)

PERMANENT RESIDENT (Check One)

Parent/Guardian Student (if an adult) Date became a Permanent resident: _____
(MM - DD - YYYY)

Stage One Approval Letter Stage 1 Approval Letter Date: _____
(MM - DD - YYYY)

Equivalent Documentation from Immigration, Refugees and Citizenship Canada (IRSS) confirming approval in principle

Type of Document Reviewed: _____ Date Reviewed: _____
(MM - DD - YYYY)

REFUGEE STATUS

Documentation from IRCC confirming Refugee Status Date of Entry Stamped: _____
(MM - DD - YYYY)

Consideration of Eligibility (Convention Refugee) Date of Entry Stamped: _____
(MM - DD - YYYY)

OTHER

Diplomat Status/Minister's Permit valid from: _____ to _____
(MM - DD - YYYY) (MM - DD - YYYY)

