

Rose City Elementary School

REGISTRATION, PARENTAL AGREEMENT & MEDICAL FORM

ACADEMIC YEAR 2022-2023

5420 Empress St. Windsor, ON N8T 1B4 (226)-946-6796

STUDENT INFORMATION Grade in September 22:						ptember 22:
First Name:	Surname:		Date o	f Birth: (MM/DD)	/ YYYY)	Gender:
Address:		Postal Code:	C	City:		Province:
Home Phone:	Health Card:	1	Primar	y language spo	oken:	
Status is Canada:						
If child was NOT born in Canada, please	provide ENTRY DATE TO	CANADA: (MM/DD/YYYY)	Ethnic Origin	າ:	
Child lives with: ☐ Both Parents ☐ Fa	ther 🗖 Mother 🗖 G	uardian (Provide t	he office	with a copy o	f relevant c	ustody papers.)
	Father / GUAI	RDIAN INFORMATIO	ON			
First Name:		Surname:				
Relationship to Child:		Cell Phone: ()				
☐ Same as above		Postal Code:		`` .		Dravinası
Address:		Postal Code:		City:		Province:
E-mail Address:						
Occupation:		Employer:	V	Vork Tel. ()		
Work Address:		Postal Code:		City:		Province:
	Mother/ GUA	RDIAN INFORMATIO	ON			
First Name:		Surname:				
Relationship to Child:		Cell Phone: ()				
☐ Same as above Address:	Postal Code:	C	City:		Province:	
E-mail Address:						
Occupation:		Employer:	V	Vork Tel. (
Work Address:		Postal Code:	C	City:		Province:
	EMERGENCY CONT	TACT (Other Than P	arents)			
First Name:	Surname:			Relationship:		
Home Phone: ()	Cell Phone: ()	Cell Phone: ()		Work Phone: ()		
	EDUCA	TION HISTORY				
Name of present school:			P	Present Grade:		
Email of present school:			Present School Postal Code:			
Special Needs (list if any):						
Has your child ever been on an Individual Education Program (IEP)?						
Has your child ever been suspended or expelled from school? If Yes, indicate grade level(s), school, and reason:						
ACKNOWLEDGEMENT						
Registration is not complete until all forms, required documents and applicable registration fee are submitted. Parents will be formally notified of their child's admission following successful completion of the admission assessment procedures. Parent/Guardian Signature Date						
MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1980, c.129 and Health Card Numbers Control Act, 1991. This information will be used for the purposes of: processing student registration, production of student databases, student placement and referrals, statistical and reporting requirements by the Ministry of Education, program to students, contacting parent(s), guardian(s), etc., in case of emergency, and the disclosure of health related information to the Medical Officer of Health. Questions regarding this collection and use of personal information should be directed to the Office. Rose City Elementary School holds the right to open, merge, and/or close classes based on the number of students registered in the class.						



Rose City Elementary School

PARENTAL AGREEMENT

Academic Year 2022-2023

Student Names	Grade in upcoming school year

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Rose City Elementary School

MEDICAL FORM

Academic Year 2022-2023

STUDENT MEDICAL INFORMATION							
First Name:	Surname:		Gender:	D.O.B. (MM/ DD/YYYY)			
Health Card #:		Student's Physician:		Phone Number:			
		MEDICAL HISTORY					
Does your child have any physical med	Does your child have any physical medical conditions that we should be aware of?						
Please indicate whether your child has	any allergie	s (including insect bites, medication, fo	ood, animals	, plants, dust, etc.):			
Briefly explain your child's reaction to	any of these	allergies.					
What counter measures need to be ta	ken if a react	ion occurs?					
Is your child on a restrictive diet? If so	, what?						
Does your child have asthma? If yes , is it severe?							
Is your child receiving any medication	on a continu	ous basis?					
[If so, please list names and reasons fo	[If so, please list names and reasons for medication]						
My child been diagnosed for any behavioural, cognitive, or other disorder affecting his/her ability to learn (e.g. Attention Deficit Disorder (ADD), Asperger Syndrome, dyslexia)? [If so, please indicate what and how it is treated]							
Please provide the school with a copy of an updated immunization record.							
MEDICAL EMERGENCIES							
If a student becomes ill while at school, parents must pick up the child or arrange for transportation. In the event there is an emergency involving my child and the school is unable to contact me or the emergency contact persons whom I have advised you in writing, I hereby grant Rose City Elementary School or any member of its staff the permission to call another physician, call an ambulance or have the child taken to an emergency hospital in the care of a staff member, as you deem appropriate at the time. I understand and agree that any expenses incurred under the above circumstances, will be the responsibility of the child's family. If your child must take prescription medication at school, we require a permission form signed by the parent. Staff can only administer routine prescribed medication when a written permission is submitted to the school by the parent.							
Parent/Guardian Signature			Date				

^{*} Please PRINT name for E-signature



REQUEST FOR AN OSR FROM A SCHOOL WITHIN ONTARIO

Please forwar	rd the Ontario Student R	ecord (OSR) for:	
Surname		First	Middle
Name of Pre	evious School	_	_
Who has enro	olled in Grade	at Rose City Elementa	ry School
Address:	5420 Empress St. Windsor, ON N8T 1B4		
Telephone:	(226)-946-6796		
	rtify that Rose City Ele ociation of Canada.	mentary School is a PRI	VATE SCHOOL in Ontario by the
		of for the record and to use, int Record (OSR) Guideline	maintain, transfer, and dispose of the record e, 2000.
	Principal		 Date