



SNP-STEAM ACADEMY Registration Form

Notice of Collection and Use of Personal Information

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used to establish the Ontario Student Record [OSR], and for student and education related purposes such as registration, administration, communication, data reporting, and Student Transportation Services. Student information such as name, date of birth, and contact information is released to the Regional Health Units in accordance with the Health Protection and Promotions Act and the Immunization of School Pupils Act. Student information is used by the Ontario Ministry of Education and by EQAO [Education Quality and Accountability Office] for education related purposes. Questions or concerns should be directed to the school principal.

STUDENT INFORMATION		DATE:	
Student's Full Name			
Student's Full Address			
Number	Street	City	Province
Student's Email Address			
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Lives with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Other (specify): Is there a court order limiting access of one or both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide documentation)
On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> Indigenous <input type="checkbox"/> Non-Indigenous <input type="checkbox"/>			
If applicable: Please list your Status Card info.			
10 Digit: _____			
Band Name & Number: _____			
LEGAL PARENTS AND GUARDIANS			
Name of Legal Parent/Guardian #1			
Address (if different from student)			
Number	Street	City	Province
Postal Code			
Email Address			
Telephone Number (daytime)		Telephone Number (other)	
Name of Legal Parent/Guardian #2			
Address (if different from student)			
Number	Street	City	Province
Postal Code			
Email Address			
Telephone Number (daytime)		Telephone Number (other)	

SCHOOL HISTORY		
Last School Attended		
Was Special Education Programming accessed at the previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure If yes, was there an Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
ADDITIONAL INFORMATION (IF APPLICABLE)		
STUDENT LIVES ON <input type="checkbox"/> New Credit Reserve <input type="checkbox"/> Six Nations of the Grand River	If you wish to declare the student is Aboriginal, please select one: <input type="checkbox"/> First Nations (status) <input type="checkbox"/> First Nation (non-status) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
EMERGENCY CONTACT/MEDICAL INFORMATION		
Please provide medical information/documentation that the school needs to be aware of:		
Does student have a condition that could lead to anaphylactic shock? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide medical information/documentation		
Emergency Contact (other than parent/guardian)	Relationship	Phone
I have obtained the consent of the person(s) listed above to have their name and telephone number used for emergency purposes <input type="checkbox"/> Yes		

PERMISSION ACKNOWLEDGEMENTS AND RELEASE OF INFORMATION

Media Consent: I give permission for my child’s personal information (e.g., picture, video, name, school work) to appear on websites, on the school’s social media outlets such as YouTube channel, Facebook, Twitter account and in school-related stories in the newspaper, school brochures, student produced on-line newspapers and reports on websites. I understand that by consenting, my child’s photo, video, schoolwork, and/or name could be used in a way that makes it accessible to the public.

Yes No

Consent to Receive School Emails: Canada has implemented Anti-Spam legislation which requires us to have your consent to send you emails with content related to “commercial activity” such as yearbook sales, school fundraisers, field trips, student pictures, books, dance tickets, etc. If you wish to receive these emails, please indicate that here. You may withdraw your consent any time by contacting the school

Yes No

For Students Residing on Six Nations of the Grand River or New Credit Reserves: I give permission for student achievement information (e.g. name, grade, achievement) to be provided to elementary schools that the student attended for the purpose of improving elementary programming.

Yes No

I understand that student personal information (e.g. name, date of birth) and achievement data is released by the school to Aboriginal Affairs and Northern Development Canada.

Yes No

I verify that the information on this form is true and correct. I understand that it is my responsibility to inform the school immediately of any changes to the information contained on this form.

Signature of Parent/Guardian or Student 18 years or older	Date
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