

## Checklist for Elementary Registration:

### Required Forms:

Elementary Registration Form

Transportation Form

Application for Direction of School Support

Pupil Eligibility Attestation Form - required for students not born in Canada

SWIS Consent and Referral Forms - Voluntary for students not born in Canada

### Supporting Documents:

Your Child's Birth Certificate

Proof of Catholicity (one of the following):

- Your child's Catholic baptismal certificate
- The parent's Catholic baptismal certificate (note: the Catholic parent must provide proof of residency in the Nipissing / Parry Sound districts)
- Confirmation of enrollment to the R.C.I.A./R.C.I.C. program.

Passport/Immigration Documents (if child was not born in Canada)

Proof of Address (a rental/lease agreement, utility bills, proof of purchase)

- Students living outside of the Nipissing / Parry Sound districts (but within Ontario) may apply to an elementary school without payment of a fee. Placement will be offered only if there is space available.

## Elementary Registration Form

The personal information you provide on this form is collected by the Nipissing-Parry Sound Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss.58.5, 265 use and 266 as amended. The information will be used for School and Board operations including but not limited to student registration, staff and resource allocation and to provide information to employees where necessary to support them in carrying out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and may be required to be disclosed in compelling circumstances, for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, please contact your school Principal.

SCHOOL NAME: \_\_\_\_\_ PRINCIPAL: \_\_\_\_\_

### STUDENT INFORMATION

**Previously attended a school in NPSCDSB?** ☐ Yes ☐ No

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Legal Last Name Legal First Name Middle Name Preferred Name

Grade: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Birthdate (dd/mm/yyyy): \_\_\_\_\_ Proof of Age: ☐ Birth Certificate ☐ Passport ☐ Other: \_\_\_\_\_

Province of Birth: \_\_\_\_\_ First Language Spoken: ☐ English ☐ French ☐ Other \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Date of Entry into Canada (if applicable): \_\_\_\_\_  
mm/yyyy

Status in Canada: ☐ Canadian Citizen ☐ Permanent/Landed Resident ☐ Student Study ☐ Other \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ ☐ Unlisted

Program(s): ☐ Regular English ☐ French Immersion

Previous School Name: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Previous School Board Name: \_\_\_\_\_

**Aboriginal Ancestry** ☐ Yes ☐ No Please circle one: First Nations Métis Inuit  
(reporting this information is **voluntary/confidential** and will be used for enhancing Aboriginal education programs/resources to increase student success)

**Confirmation of Catholicity** ☐ Yes ☐ No \_\_\_\_\_

Has this student ever been identified through an IPRC process? ☐ Yes ☐ No

### PROPERTY ADDRESS INFORMATION

Original source document (i.e. utility bill, lease agreement) verified by: \_\_\_\_\_

Street (House #, Building/Block, Street name) Apt.# / Suite P.O. Box R.R.

City/Town Province Postal Code

**Mailing Address (only if different from property address)**

Street (House #, Building/Block, Street name) Apt.# / Suite P.O. Box R.R.

City/Town Province Postal Code

**PARENT / GUARDIAN INFORMATION**

<p>1. Last Name _____ First Name _____</p> <p>Relationship to Student _____</p> <p>Address (if different than student) _____</p> <p>Email: _____</p> <p>Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No    Access? <input type="checkbox"/> Yes <input type="checkbox"/> No    Access Papers on File <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Home Phone    (   ) _____</p> <p>Cell Phone    (   ) _____</p> <p>Work Phone    (   ) _____</p> <p>Business name _____</p>
<p>2. Last Name _____ First Name _____</p> <p>Relationship to Student _____</p> <p>Address (if different than student) _____</p> <p>Email: _____</p> <p>Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No    Access? <input type="checkbox"/> Yes <input type="checkbox"/> No    Access Papers on File <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Home Phone    (   ) _____</p> <p>Cell Phone    (   ) _____</p> <p>Work Phone    (   ) _____</p> <p>Buisness name _____</p>

**SIBLINGS (brothers and sisters in school)**

Family Name (if different)	First Name

**TRANSPORTATION INFORMATION**

<input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Other _____
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**TUITION INFORMATION**

<b>Native Education Band Authority:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which band? _____
<b>Other (e.g. non-resident)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    _____	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# TRANSPORTATION FORM

EL-001  
Rev. DEC 2019

OEN: \_\_\_\_\_

☐ **New Student** – previous school: \_\_\_\_\_

☐ **Changing and/or Updating a Student's Record**

Joint Custody: Use Form #: EL-004-1 Transportation Request for Joint Custody

☐ **Demitted Student / Date:** \_\_\_\_\_

**REQUESTED EFFECTIVE DATE:** \_\_\_\_\_, 20\_\_\_\_

3 full business days are required to arrange transportation and advise all parties involved, **except during the school start-up period**. **Changes received after July 31 may take up to 3 weeks to process.** Transportation is the parent's responsibility until transportation arrangements have been confirmed.

<b>STUDENT'S NAME:</b>		
<b>SCHOOL:</b>	<b>GRADE:</b>	<input type="checkbox"/> French Imm. <input type="checkbox"/> Extended French Imm. <input type="checkbox"/> Program:
<b>HOME ADDRESS:</b> (complete with city/municipality)		<b>POSTAL CODE:</b>
<b>PARENTS/GUARDIAN NAME:</b>	<b><u>TRANSPORTATION NOT REQUIRED:</u></b>  <input type="checkbox"/> School Daycare <input type="checkbox"/> AM <input type="checkbox"/> PM  <input type="checkbox"/> Parents Driving  <input type="checkbox"/> Walking	
<b>PRIMARY TELEPHONE NUMBER:</b>		
<b>ADDITIONAL TELEPHONE NUMBER(S):</b>		

## TRANSPORTATION REQUIRED:

<b><u>AM Pick-up Address:</u></b> <input type="checkbox"/> Home <input type="checkbox"/> Sitter/Daycare	<b><u>PM Drop-off Address:</u></b> <input type="checkbox"/> Home <input type="checkbox"/> Sitter/Daycare
<b><u>Name of Sitter/Telephone Number:</u></b>	<b><u>Name of Sitter/Telephone Number:</u></b>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**SCHOOL USE ONLY**

☐ UPDATED TRILLIUM / ASPEN

☐ FAXED TO NPSSTS 705-472-3170

An application must be made to the Municipal Property Assessment Corporation to include or revise school support on the assessment roll.

Instructions: See reverse. You can also update your school support on mpac.ca.

MPAC 19-digit roll number (if known)

Please enter or revise my school support designation on the assessment roll in accordance with the following information.

Municipality	Address of Property				Unit/Apt
<b>Mailing Address — if different from above</b> Street No., Name, P.O. Box, R.R. #CityProvinceCountryPostal Code					
Email Address					
<b>Business Address — if self-employed or in partnership in business</b> Street No., Name, P.O. Box, R.R. #CityProvinceCountryPostal Code					

Please answer all questions below

<b>A Resident</b> (please print and list applicant first)  List all occupants, including ALL children.				<b>B Occupancy Status</b>		<b>C School Support (see instructions)</b>			
				1. Owner  2. Tenant  3. Spouse  4. Child, boarder, etc.	<b>This person lives:</b>  1. at above address  2. elsewhere on this property  3. elsewhere in this municipality  4. in another municipality	Roman Catholic?  (Does not include Greek Orthodox)	French-language Education Rights?	<b>Supporter/Elector for:</b>  1. English-Public  2. English-Separate (Catholic)  3. French-Public  4. French-Separate (Catholic)  5. Protestant-Separate (Penetanguishene Only)	
Last NameFirst Name				1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>
<b>Birth</b> YearMonthDay <b>Canadian Citizen</b> yes <input type="radio"/> no <input type="radio"/>				1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>
<b>Birth</b> YearMonthDay <b>Canadian Citizen</b> yes <input type="radio"/> no <input type="radio"/>				1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>
<b>Birth</b> YearMonthDay <b>Canadian Citizen</b> yes <input type="radio"/> no <input type="radio"/>				1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>
<b>Birth</b> YearMonthDay <b>Canadian Citizen</b> yes <input type="radio"/> no <input type="radio"/>				1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	yes <input type="radio"/>  no <input type="radio"/>	1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>	4 <input type="radio"/> 5 <input type="radio"/>
<b>Indicate area occupied:</b> (✓)			Whole Home <input type="radio"/>	Base Apt. <input type="radio"/>	1st Floor <input type="radio"/>	2nd Floor <input type="radio"/>	3rd Floor <input type="radio"/>	Owner or tenant of this property since: YearMonthDay	
Name of School Board Personnel is hereby authorized to act as agent in matters of school support designation in respect to the above-mentioned property(ies) on behalf of the undersigned.									
Signature of Owner or Tenant				YearMonthDay	Signature of Owner or Tenant			YearMonthDay	
<b>*Attestation of Unit Support (✓)</b>  yes <input type="radio"/> no <input type="radio"/>  If multiple School Support options are selected above, please indicate which school board you want to support. <div><input type="radio"/> English-Public<input type="radio"/> French-Public<input type="radio"/> Protestant-Separate <input type="radio"/> English-Separate (Catholic)<input type="radio"/> French-Separate (Catholic)</div>									

## Information About this Application

The Application for Direction of School Support form enables any person to apply to have their school support included or revised on the assessment roll by sending the completed form to the Municipal Property Assessment Corporation. The collection of the information on the form is authorized under the *Assessment Act*, and any personal information is confidential and protected under the *Freedom of Information and Protection of Privacy Act*. Any contact information shared is used to clarify the form details by telephone is not stored.

The information will be used to prepare voters' lists for municipal and school board elections; and to help with municipal and school board planning.

Included below are instructions to help you complete each section of the form. **If you have any questions about this form or about school support, please contact your local Public or Separate School Board.**

### How To Complete this Application

Changes submitted through an Application for Direction of School Support will be reflected in the following taxation year.

#### MPAC 19-Digit Roll Number

Property owners can find their 19-digit roll number on a recent Property Assessment Notice (PAN). If you don't have access to your PAN, please contact the Customer Contact Centre at 1-866-296-6722 (toll free) or 1-877-889-6722 (TTY), Monday to Friday – 8 a.m. to 5 p.m.

#### A Resident

Every person in your household should be listed. Put the family name first, followed by given name(s). Owners or tenants are listed first, followed by spouses, all children, and other occupants (if there are more than four individuals, please include an additional form). If this form is not for your permanent home (for example, if it is for your cottage or your business), only owners, tenants and spouses should be listed - children and other occupants should not be listed.

#### B Occupancy Status

Is this person an owner, tenant, spouse, child, boarder or other resident?

#### C School Support

**Roman Catholic** - includes Greek and Ukrainian Catholics

##### French-language Education Rights

You have French-language education rights if you are a Canadian Citizen and can answer "yes" to any one of the following questions:

1. Is French the language you first learned and still understand?
2. Did you receive your elementary school instruction in Canada in French? (This does not include French immersion or French as a second language.)
3. Have any of your children received, or are they now receiving, elementary or secondary school instruction in Canada in French? (This does not include French immersion or French as a second language.)

##### School Board

Persons who are **not** Roman Catholic and do **not** have French-language education rights, must be English-Public school supporters/electors.

Persons who are **not** Roman Catholic but do have French-language education rights, must be either English-Public or French-Public school supporters/electors.

Roman Catholics who do **not** have French-language education rights must be either English-Public or English-Separate school supporters/electors.

Roman Catholics who have French-language education rights, may be a supporter/elector for any one of the following school boards: English-Public, English-Separate, French-Public or French-Separate.

If you do **not** indicate which school board you support, it will be assumed that you are an English-Public school supporter/elector.

#### \* Attestation of Unit Support

You have received consent from the individual(s) residing in the same unit and are authorized to make a designation of school support on their behalf. By signing and submitting this form, you certify that the information you provide is true and accurate. It is a punishable offence under the laws of Canada to misrepresent one's identity or to knowingly provide false or misleading information and MPAC reserves the right to share information with law enforcement authorities where suspicious activity is detected or fraud is suspected.

STUDENT INFORMATION AND ELIGIBILITY ATTESTATION FORM

School Student Enrolling At: \_\_\_\_\_

The following information will be used by school staff members to collect information in keeping with the Education Act. The principle purpose for the collection of this information is to provide confirmation of Pupil Eligibility for English as a Second Language (ESL)/Programme d'appui aux nouveaux arrivants (PANA), residency and the right to attend without paying tuition fees. This form will be retained in the student's Ontario Student Record (OSR).

**Important:** Any section of form which is not completed, will not be considered supporting documentation and will make the form null and void.

STUDENT INFORMATION	
PROVINCIAL OEN #: _____	STUDENT #: _____
Legal Last Name: _____	Usual Last Name: _____
Legal First Name: _____	Preferred First Name: _____
Legal Middle Name: _____	Date of Birth: _____ (DD-MMM-YYYY)
Gender: <input type="radio"/> Male <input type="radio"/> Female	
Home Phone #: (____) _____ - _____ Unlisted <input type="radio"/> Yes <input type="radio"/> No	
Enrolment Date: _____ (DD-MMM-YYYY)	For Grade: _____
Admission Status: <input type="radio"/> Pupil of the Board <input type="radio"/> Other Pupil	

STUDENT ADDRESS	
Home Address:	
Street #	Street Name Apt. #
City/Town/Municipality	Name of Township Postal Code
Mailing Address: <input type="radio"/> Same as Home Address	
Street #	Street Name Apt. #
City/Town/Municipality	Name of Township Postal Code
<b>Proof of Date of Birth:</b> <input type="radio"/> Birth Certificate <input type="radio"/> Baptismal Certificate <input type="radio"/> Other: _____	<b>Proof of Address:</b> <input type="radio"/> Current Agreement of Purchase and Sale <input type="radio"/> Current Utility Bill <input type="radio"/> Current Property Tax Bill <input type="radio"/> Current Home Phone/Cable/Internet Bill <input type="radio"/> Other: please specify * _____ Note: * Driver's license is not acceptable for audit purposes.

PREVIOUS SCHOOL INFORMATION	
Previous School Board: _____	If <b>outside of province</b> , please indicate province or country and language of instruction:  Province/Country: _____ Language of Instruction: _____
Previous School: _____	
Address: _____	
Last Day of Attendance: _____ (DD-MMM-YYYY)	

CITIZENSHIP/IMMIGRATION INFORMATION

Parent must present proof of child’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 date on the document (should match the date of entry). **Only one document is required.**

☐ Canadian Citizenship (Child born in Canada):

City of Birth:

Province:

Fee Paying Students

Student Study Permit for Visa Student:

Study Permit valid from: (DD-MMM-YYYY) to (DD-MMM-YYYY)

☐ Student Visa

Total Tuition Fee Paid: \$

Fee Payment Date: (DD-MMM-YYYY)

Visitor Record:

Visitor Record valid from: (DD-MMM-YYYY) to (DD-MMM-YYYY)

☐ Visitor Visa

Total Tuition Fee Paid: \$

Fee Payment Date: (DD-MMM-YYYY)

Exchange Student: Attending Host school

☐ Exchange Agreement

Agency:

Duration of Exchange: (DD-MMM-YYYY) to (DD-MMM-YYYY)

Name of Reciprocal Student: Country of Reciprocal Student:

Permanent Resident (check one):

☐ Parent/Guardian    ☐ Student (if an adult)

Date became a permanent resident: (DD-MMM-YYYY)

☐ Stage One Approval Letter

Stage 1 Approval Letter Date: (DD-MMM-YYYY)

☐ Equivalent Documentation from Immigration, Refugees and Citizenship Canada (IRCC) confirming approval in principle (specify below type of document with date)

Type of Document Reviewed:

Date: (DD-MMM-YYYY)

Refugee Status:

☐ Documentation from IRCC confirming Refugee Status

Date of Entry (stamped date on document): (DD-MMM-YYYY)

☐ Consideration of Eligibility (Convention Refugee)

Date of Entry (stamped date on document): (DD-MMM-YYYY)



Parent's Study Permit:

☐ Parent's Acceptance Letter confirming the parent will be a full-time student at a qualified university, college or institution in Ontario (retain copy in child's OSR)

☐ Parent Study Permit

Parent's Study Permit valid from: 

(DD-MMM-YYYY)

to

(DD-MMM-YYYY)

Verify below that the parent is a full-time student enrolled in a degree, diploma, or certificate program that consists of a minimum of 2-3 semesters and 600+ hours of instruction (check one)

☐ Degree

☐ Diploma

☐ Certificate

Parent's Work Permit

☐ Documentation from IRCC confirming approval of Work Permit (i.e. actual work permit to be issued at a later date)

☐ Parent Work Permit

Work Permit valid from: 

(DD-MMM-YYYY)

to

(DD-MMM-YYYY)

Student's Study Permit \*\*\*:

☐ Student Study Permit (Parent's work permit to be issued at a later date)

Study Permit valid from: 

(DD-MMM-YYYY)

to

(DD-MMM-YYYY)

Note: \*\*\*This student study permit is given to a child accompanying their parent on a work permit to Ontario.

Other:

☐ Diplomat Status/Minister's Permit

Valid from: 

(DD-MMM-YYYY)

to

(DD-MMM-YYYY)

Confirmation of Documentation and Student Eligibility for ESL/PANA Funding

Country of Birth: Citizen of:

Original Date of First Entry into Canada: 

(DD-MMM-YYYY)

☐ Verified Canadian Stamped Date of Entry on passport

Pupil Eligibility Form

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PARENT /LEGAL GUARDIAN INFORMATION			
<b>Custody Information****:</b> <input type="radio"/> Both Parents <input type="radio"/> Mother Only <input type="radio"/> Father Only <input type="radio"/> Shared <input type="radio"/> Joint <input type="radio"/> Guardian <input type="radio"/> C.A.S.			
<b>Living With:</b> <input type="radio"/> Both Parents <input type="radio"/> Mother Only <input type="radio"/> Father Only <input type="radio"/> Guardian <input type="radio"/> Other <input type="radio"/> C.A.S.			
Note: ****Written Custody Agreement or Court Order should be available upon request for audit purposes.			
<b>Guardianship:</b> <input type="radio"/> Custody Agreement reviewed  If there is no Custody Agreement, then <u>all</u> the following criteria must be met (check Yes or No) in order for the child to attend school without the payment of a tuition fee:  <div><div><input type="radio"/> Yes    <input type="radio"/> No</div><div>1) The student is a Canadian citizen or a permanent resident of Canada.</div></div> <div><div><input type="radio"/> Yes    <input type="radio"/> No</div><div>2) The guardian is a member of the student's immediate family and resides in Ontario in the school board jurisdiction in which the student wants to attend school. Immediate Family Relationship (please specify): _____</div></div> <div><div><input type="radio"/> Yes    <input type="radio"/> No</div><div>3) The guardian is assuming full responsibility for the care and well-being of the student, and the student is residing with the guardian throughout the custody period.</div></div> <div><div><input type="radio"/> Yes    <input type="radio"/> No</div><div>4) A written agreement is in place between the parents of the student and the guardian that sets out all of the above, as well as the respective responsibilities of the parents and the guardian.</div></div>			
<b>Mother:</b> Catholic <input type="radio"/> Emergency Contact <input type="radio"/> Living With <input type="radio"/> Correspondence <input type="radio"/> Access Denied <input type="radio"/> Legal Guardian <input type="radio"/> Legal Custody <input type="radio"/> Volunteer <input type="radio"/> Migrant Worker <input type="radio"/>			
First Name _____		Last name _____	
( _____ ) _____		( _____ ) _____	
Home Phone # (area code) _____		Cell Phone # (area code) _____	
Employer _____		Work Phone # (area code & ext.) _____	
Email Address _____		Language (other than English) _____	
<b>Father:</b> Catholic <input type="radio"/> Emergency Contact <input type="radio"/> Living With <input type="radio"/> Correspondence <input type="radio"/> Access Denied <input type="radio"/> Legal Guardian <input type="radio"/> Legal Custody <input type="radio"/> Volunteer <input type="radio"/> Migrant Worker <input type="radio"/>			
First Name _____		Last name _____	
( _____ ) _____		( _____ ) _____	
Home Phone # (area code) _____		Cell Phone # (area code) _____	
Employer _____		Work Phone # (area code & ext.) _____	
Email Address _____		Language (other than English) _____	
<b>Other (please specify):</b> _____			
Catholic <input type="radio"/> Emergency Contact <input type="radio"/> Living With <input type="radio"/> Correspondence <input type="radio"/> Access Denied <input type="radio"/> Legal Guardian <input type="radio"/> Legal Custody <input type="radio"/> Volunteer <input type="radio"/> Migrant Worker <input type="radio"/>			
First Name _____		Last name _____	
( _____ ) _____		( _____ ) _____	
Home Phone # (area code) _____		Cell Phone # (area code) _____	
Employer _____		Work Phone # (area code & ext.) _____	
Email Address _____		Language (other than English) _____	

**Attestation of Pupil Eligibility:**

I certify that the information contained on this form is accurate and that I have examined and verified the applicable information as indicated. This personal information will be maintained in keeping with applicable freedom of information and protection of privacy legislation.

Pursuant to the Education Act, the Minister may require school boards to disclose personal information for the purpose of ensuring compliance with the Act, its regulations, policies and guidelines. The principal purpose for the collection of this information is to provide confirmation of Pupil Eligibility for ESL/ELD and PANA, residency and the right to attend without paying tuition fees. The board can retain the attestation form in a way that meets the boards own unique needs, however the board needs to be able to produce the relevant documentation for auditing purposes.

**Parent/Legal Guardian/Custodian:**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(DD-MMM-YYYY)

**Principal:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

(DD-MMM-YYYY)

Signature: \_\_\_\_\_

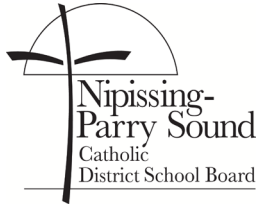
**Office Administrator:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

(DD-MMM-YYYY)

Signature: \_\_\_\_\_



**Authorization for the disclosure, transmittal or examination of confidential information for Support Worker in Schools (SWIS) with the North Bay and District Multicultural Centre**

I/We: \_\_\_\_\_  
(print full name of both (if applicable) parents/guardian)

of: \_\_\_\_\_  
(address)

hereby consent to the release of relevant information concerning:

Child's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

by the North Bay and District Multicultural Centre to the Nipissing-Parry Sound Catholic DSB. In addition, I hereby consent to the release of relevant information by the Nipissing-Parry Sound Catholic DSB to the North Bay and District Multicultural Centre to assist my child(ren) and family in providing necessary services to meet our needs.

This shall be good and sufficient authority for so doing.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Please return the completed form to your school.

## Settlement Worker in Schools (SWIS)

### Consent & Referral Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
DD/MM/YYYY

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent(s)/Guardian(s) Contact: \_\_\_\_\_  
Phone Number Email

School's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher(s) Name: \_\_\_\_\_

I, \_\_\_\_\_ (Parents/Guardian/Student over 16), give consent to a worker from the SWIS program to work individually and in a group setting with the above named student. I understand that I have the right to refuse involvement with the SWIS program at any time, and I also have access to see the student's SWIS file/records at any time. I also understand that all the interactions with the SWIS worker are confidential unless there is suspected or explicit evidence of harm to the student or others. I give consent to the SWIS worker and the school board to exchange information and/or documents to assist the above-named student with their settlement needs in the school.

**I agree to the services provided by SWIS and this consent is granted for up to three school years from the date of signing.**

X

\_\_\_\_\_  
Signature  
Parents/Guardian/Student over 16

X

\_\_\_\_\_  
Date