

# Durham District School Board

## Returning Student Registration

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### Student Information

Legal First Name **Evelyn**

Legal Middle Name **Diane**

Legal Last Name **MacInnis**

☐ Check here if you would like to change your student's name

Preferred First Name **Evelyn**

Preferred Middle Name **Diane**

Preferred Last Name **MacInnis**

Gender Identity **Female**

Date of Birth **2013-02-07**

Grade **2**

School **Quaker Village P.S.**

### Home/Residential Information

Primary Contact Phone **647-992-3751**

Is this number unlisted? **Yes**

Address **104 Mechanic Street**

City/Town **Uxbridge**

Province **Ontario**

Postal Code **L9P 1G8**

☐ Check here if you would like to modify this address

☐ Click here if mailing address is different than the physical address listed above.

### Voluntary First Nation, Metis, and Inuit Self-Identification

All parents/guardians of Aboriginal students, and students who are 18 years or older, have the right to voluntarily and confidentially self-identify their Aboriginal ancestry.

*If the student is considered to be of Indigenous ancestry, please make appropriate selection (Supporting documentation is not required.)*

*I give permission for the First Nation, Métis and Inuit Education Department to contact me via email and/or phone to share information regarding upcoming events .*

### Home Language Questionnaire

What language did the student learn when they first began to talk?

**English**

What language does the student mostly speak?

**English**

What language do YOU mostly use?

**English**

### Additional Information

#### Lunch

Does the student stay at school for lunch?

**Always**

Can the student leave school property with a note?

**No**

## Parent/Guardian Information

*Student Living With* **Both Parents - same home**

Special custody and access arrangements that pertain to your child, and corresponding supporting documentation.  
Note: schools comply with court orders and agreements, they do not enforce them. It is the parent's responsibility to provide the school with complete and up to date documentation should they wish to assert a custodial or access right.

*Special Custody and Access Arrangements*

☐ Check here if you would like to modify the above answer

*Custody* **Both Parents**

☐ Check here if you would like to modify the above answer

## Parent/Guardian 1

*Name* **MacInnis, Jessica**

☐ Check here if you would like to modify the parent's name.

*Does this parent reside at the same address as the student?*

**Yes**

*Relationship* **Mother**

*Home Phone*

*Cell Phone* **647-992-3751**

*Business Phone*

*Primary Email Address* **jessicamarieforges@gmail.com**

☐ Check if this Parent/Guardian has no email address.

*Willing to volunteer at school?*

**Yes**

*Does this person require a copy of school correspondence?*

**Yes**

## Parent/Guardian 2

*Name* **MacInnis, James**

☐ Check here if you would like to modify the parent's name.

*Does this parent reside at the same address as the student?*

**Yes**

*Relationship* **Father**

*Home Phone*

*Cell Phone* **647-465-3654**

*Business Phone*

*Primary Email Address* **jsmacinnis@gmail.com**

☐ Check if this Parent/Guardian has no email address.

*Willing to volunteer at school?*

**Yes**

*Does this person require a copy of school correspondence?*

**Yes**

## Parent/Guardian 3

*First Name*

*Last Name*

*Does this parent reside at the same address as the student?*

*Relationship*

*Home Phone*

*Cell Phone*

*Business Phone*

*Primary Email Address*

☐ Check if this Parent/Guardian has  
no email address.

*Willing to volunteer at school?*

*Does this person require a copy of school correspondence?*

## Emergency Contact Information

### Contact #2

### Contact #1

*First Name* **Lynne**

*Last Name* **Macinnis**

*Relationship to Student* **Grandparent**

*Phone Type* **Home**

*Phone* **905-294-9863**

*Does this person have permission to pick up the student from  
school?*

**Yes**

### Contact #3

*First Name*

*Last Name*

*Relationship to Student*

*Phone Type*

*Phone*

*Does this person have permission to pick up the student from  
school?*

**No**

## Before or After School Care

*Does your student attend Before or After School Care?*

**No**

## Student's Medical Information

### Doctor

*Doctors Name* **Dr. Paoyun Tang**

*Phone Number* **905-471-7787**

### Health Information

*Health Card Number* **5807453304XG**

*Do you grant permission to transport the student by ambulance if necessary?*

**Yes**

If the student has a DANGEROUS life threatening medical condition a response plan will be created for the student to address individual needs. Please see the Principal for additional information.

*Does the student have health conditions and/or allergies that are life threatening?*

**No**

**[ ]** Check here if you would like to modify the above answer

*Does the student have medication that needs to be administered at school?*

**No**

*Does the student wear any type of medical condition alert bracelet, necklace or other?*

**No**

*Does the student have an EpiPen?*

**No**

**[ ]** Check here if you would like to modify the above answer

## **Waivers**

*I give permission for the student to be included in neighbourhood excursions under a teacher's supervision.*

**Yes**

*I agree to receive Durham District School Board news, information and events sent to the email found under Parent/Guardian 1's contact information.*

**Yes**

*I give permission for my name and phone number to be used by School Community Councils for the purpose of sharing school information.*

**Yes**

## **Media (Audio, Video and Photography), Assignment, Release and Consent Form**

I agree to the terms and conditions of the form, which can be found [HERE](#). Please select yes from the drop down selection below to submit your consent to the DDSB.

*I understand the terms and  
give consent to the media  
authorization.* **Yes**

## **Acceptable and Safe Use Guidelines for Technology**

I have read the [Acceptable and Safe Use Guidelines](#) for Technology and [Online Privacy Statement](#) and I give permission for my student to access the Durham District School Board [approved software](#) and network resources.

*I agree* **Yes**

## **Code of Conduct on School Bus Vehicles**

The school bus is considered an extension of the classroom and applies to all school bus transportation including field trips, extracurricular activities and home to school.

[Click here to access the School Code of Conduct on School Bus Vehicles](#)

**[X]** I have reviewed the rules and regulations of school bus transportation with my child

## **Emergency School Closure**

During inclement weather, the Board may attempt to keep schools open but this does not mean that students must be sent to school. It is the parents' responsibility to decide if conditions are safe for their children to walk to and from school. Listen to radio announcements early in the morning. When buses are cancelled in the morning they will not run in the afternoon. In the event of a school closure, the Durham District School Board makes arrangements for students as may be appropriate under the circumstances (e.g. informing parents, relocation to a safe site, releasing/sending students home). Should a parent/guardian wish for the school to make special arrangements for their child, it is the parent/guardian's responsibility to indicate such arrangements in writing to the school principal.

## **Personal Property**

The school accepts no liability for thefts which may occur on school premises

## Notice of Collection

The Durham District School Board (the "DDSB") collects, uses and shares personal information concerning pupils to assist with student education. The provided information will be used by the DDSB to deliver education to your child. The purpose of this collection is to assist with the education and well-being of the student. The collection, use and disclosure of personal information for this purpose are expressly authorized under the authority of sections 58.5, 170(1) and 171(1) of the Education Act, R.S.O. 1990, c. E. 2. The information is retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56. Questions with respect to the collection may be directed to your DDSB school Principal.

## Electronic Signature

***I acknowledge that I have read and understand this form and certify that the information provided is correct. It is my responsibility to advise the school immediately of any changes in information stated on this form.***

*I Agree* **Yes**

*Date* **08/24/2020**

*Electronic Signature* **Jessica MacInnis**

## Your Experience

The following 4 optional questions are designed to seek your input on the Parent Portal software and the annual information update process. Your contribution will help us to improve the user experience and identify ways to increase the value of the Parent Portal.

### Ease of Use

*In terms of ease of use,  
how would you rate the  
Returning Student  
Registration Form?* **5 - Extremely easy**

### Barriers and Challenges

What sort of barrier(s) or challenge(s) did you experience while using the Parent Portal?

- ☐ User id related issues
- ☐ Locating the form
- ☐ Could not complete on mobile device
- ☐ Resetting Password
- ☐ Submitting the form
- ☒ No Barriers
- ☐ No challenges
- ☐ Other

### Frequency of Use

*In general, how often do  
you use the Parent Portal?* **Rarely (once every 3 or 4 months)**

### Information/Resource

*What information and/or  
resource(s) would you like  
to see provided on the  
Parent Portal, so that you  
would use it more  
frequently?*