

Entering Grade _____

Student		English _____	French Immersion _____
Legal Last Name	_____	Home phone	_____
Legal First Name	_____	Student e-mail	_____
Legal Middle Name(s)	_____	RR Number/PO Box	_____
Usual Last Name	_____	Street Address	_____
Usual First Name	_____	City	Prov PC
Usual Middle Name(s)	_____	Mailing Address (if different than property address)	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Street Address	_____
Date of birth	_____	RR Number/PO Box	_____
Personal Health No.	_____	City	Prov PC
Previous School Name		District	City

PARENT / GUARDIAN INFORMATION

Last, First name _____

Relationship _____

Male ☐ Female ☐ Parental authority or guardian ☐

Can pick up ☐ Lives with student ☐

Receive mailings ☐ Receive email ☐

Receive autodialer calls ☐ Has portal access ☐

Home phone _____

Work Phone _____

Cell Phone _____

Property Address (if not living with student)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

Mailing Address (if different than student / property address)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

E-mail Address _____

PARENT / GUARDIAN INFORMATION

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Relationship _____

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Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

Mailing Address (if different than student / property address)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

E-mail Address _____

EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1	Home phone	Work Phone
	Cell Phone	Relationship
Emergency Contact 2	Home phone	Work Phone
	Cell Phone	Relationship
Emergency Contact 3	Home phone	Work Phone
	Cell Phone	Relationship
Out of district contact	Home phone	Work Phone
	Cell Phone	Relationship

SIBLING INFORMATION

Legal Last Name	Gender	Male	<input type="checkbox"/>	Birthdate
Legal First Name		Female	<input type="checkbox"/>	Relationship
Legal Last Name	Gender	Male	<input type="checkbox"/>	Birthdate
Legal First Name		Female	<input type="checkbox"/>	Relationship
Legal Last Name	Gender	Male	<input type="checkbox"/>	Birthdate
Legal First Name		Female	<input type="checkbox"/>	Relationship
Legal Last Name	Gender	Male	<input type="checkbox"/>	Birthdate
Legal First Name		Female	<input type="checkbox"/>	Relationship
Legal Last Name	Gender	Male	<input type="checkbox"/>	Birthdate
Legal First Name		Female	<input type="checkbox"/>	Relationship

STUDENT LEGAL ALERTS

Court order on file? ☐

Description

STUDENT MEDICAL ALERTS

Life Threatening? ☐ Doctor's Name Phone

Description

OTHER STUDENT ALERTS - Health, family or other informational

Description

CITIZENSHIP (country) Visa Status Expiration

LANGUAGE At Home Most Used First

ABORIGINAL ANCESTRY Metis ☐ Inuit ☐ Status-On Reserve ☐ Status-Off Reserve ☐ Non-Status ☐

Band of Origin Band of Residence Status No.

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

Parent / Guardian Signature Date