

STUDENT

Legal First Name _____

Legal Middle Name _____

Legal Last Name _____

If Different:

Preferred First Name _____

Preferred Last Name _____

Birth Date _____ Gender Male Female

Home Phone No. _____ Unlisted ___ (Y/N)

PROPERTY ADDRESS

Basement Suite Apartment / Unit # _____

House # & Street _____

City _____ Prov. _____

Postal Code _____

Mailing Address Same as Property Address? _____ (Y/N)

If Different _____

PREVIOUS SCHOOL/DISTRICT

Name of School _____

District / City _____

Province / Country _____

IMMIGRATION / LANGUAGE

Country of Birth _____

Immigration Status _____

Language Most Used _____

Other Language _____

ABORIGINAL ANCESTRY _____ (Y/N) *(Info Package if yes)*

Inuit Metis Non-Status First Nation Status-**Off** Reserve
 First Nation-**On** Reserve

Band of Residence Name _____ DIA# _____

OFFICE USE ONLY

Grade _____ Year of Grad _____

Start Date _____

Student's Citizenship Parent's Citizenship

Proof of Guardianship Proof of Address

Immunization Records Previous Report Card

PARENTS / GUARDIANS

Custody/Guardianship Both Parents Mother Father

MCFD Other _____

Living with _____

Court Order? _____ (Y/N)

Parent/Guardian #1 - Relationship to Student _____

First Name _____

Last Name _____

Home Phone No. _____

Cell No. _____

Work No. _____

Email: _____

Living with Student ___ (Y/N) Speaks English ___ (Y/N)

Address *if Different* _____

Emergency Contact Priority **1 2 3 4** *(please circle one)*

Parent/Guardian #2 - Relationship to Student _____

First Name _____

Last Name _____

Home Phone No. _____

Cell No. _____

Work No. _____

Email: _____

Living with Student ___ (Y/N) Speaks English ___ (Y/N)

Address *if Different* _____

Emergency Contact Priority **1 2 3 4** *(please circle one)*

ALTERNATE CONTACT(S) (Other than Parent / Guardians on reverse side)

First Name _____

First Name _____

Last Name _____

Last Name _____

Relationship to Student _____

Relationship to Student _____

Home Phone No. _____

Home Phone No. _____

Cell No. _____

Cell No. _____

Work No. _____

Work No. _____

Can pick up from school _____ (Y/N)

Can pick up from school _____ (Y/N)

Emergency Contact Priority **1 2 3 4** (please circle one)

Emergency Contact Priority **1 2 3 4** (please circle one)

SIBLINGS

Sibling No. 1

Sibling No. 2

Sibling No. 3

Name _____

Name _____

Name _____

Date of Birth _____

Date of Birth _____

Date of Birth _____

Gender Male Female

Gender Male Female

Gender Male Female

School _____

School _____

School _____

MEDICAL

Care Card # _____

Allergies / Health Conditions _____ Life Threatening _____ (Y/N)

Doctor's Name _____

Doctor's Phone No. _____

Dentist's Name _____

Dentist's Phone No. _____

Other Health Factors _____

NOTES

EMERGENCY CLOSURE

In the event a school closure please **choose one** of the following:

- Call Home/Parent Call Emergency Contact
 Send Home Send to Daycare

VERIFICATION BY PARENT/GUARDIAN

I certify the information provided on this form to be correct.

Parent/Guardian Signature

Print Name

Date

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting; demographic, enrollment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.