

Student Grade

New Student Canadian Citizen

Returning Student Landed Immigrant

Bus Student? Yes No Regular Program Special Education Needs

Previous School District or City/Province

#  Student Information:

## Legal Last Name Legal First Name Legal Middle Name Birth Date: / /

Day Month Year

## Usual Last Name Usual First Name Gender: Male\_\_\_\_\_\_Female\_\_\_\_\_\_\_

**Student's Primary Home Address: Mailing Address (if Different):**

Street: Street:

## City: Postal Code:

City: Postal Code:

**Ancestry: Aboriginal Ancestry: Yes No**

Country/Province of Birth:

First Language Spoken: Language Used at Home:

Metis\_\_\_\_\_\_\_\_\_\_

Inuit\_\_\_\_\_\_\_\_\_\_\_

Non Status\_\_\_\_\_

Self-Identify\_\_\_\_\_\_\_\_\_\_\_

Status On-Reserve\_\_\_\_\_

Status Off-Reserve\_\_\_\_\_

**Parent/Guardian Information: Parent/Guardian Information:**

Are you the Emergency Contact? Yes\_\_ No\_\_\_

First Name

Last Name

Is this person the Emergency Contact? Yes\_\_\_No\_\_\_

First Name \_\_

Last Name \_\_

Mother

Father Other \_\_\_\_

Mother

Father Other \_\_\_

Home Address: Same as Student \_OR Home Address: Same as Student \_OR

## Street: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## City:\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:

Home Phone # \_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address

City\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone # \_\_\_\_\_\_\_

Cell Phone #\_ \_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_

Do you have a specific custody arrangement we should know about? If yes, please provide a copy of the court order. Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_ *Page 1 of 2*

**Other than Parents, Emergency Contact #1: Other than Parents, Emergency Contact #2**

## First Name \_ Last Name Relationship to Student First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address

Persons Authorized to Pick Up Child Other than Parents/Guardians:

\*If either parent has restrictions regarding child pick up, we must have court documents on file.

###  Medical Information:

Care Card # Family Doctor:

If child has life-threatening health condition, provide Doctor's phone # and arrange to meet with school principal/classroom teacher prior to the student attending school.

Life threatening health condition: Yes No

Specify:

Non-Life threatening health conditions: If the student has health conditions that may affect his/her ability

to function at school, please indicate here:

\*\*If the student requires medications to be administered during school hours, please contact school staff to discuss and complete Request for Medication at School form. \*\*

Yes, my child’s Vaccinations are current \_\_\_\_\_\_\_\_ (initial). Please provide copy of immunization record.

Please list any siblings who may attend our school. #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Parent/Guardian Release of Information:

I permit: \_\_\_ my child to access the internet in support of his/her education.

I acknowledge that schools have the obligation to share demographic information with Provincial Health Agencies, and aggregated student results to Provincial and Federal School Authorities.

I certify that the information I provided on this form is correct.

Signature of Parent/Guardian Date:

*The information on this form is collected under the authority of the School Act. Information is used for reporting, demographic, enrollment, budget, facility, transportation and operational analysis. It will be kept secure and confidential. Page 2 of 2*