



STUDENT INFORMATION

Legal First Name:		Legal Last Name:		Legal Middle Name:		
Usual First Name:		Usual Last Name:		Usual Middle Name:		
Grade:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:		Care Card #:		
Home Language:			Language most used:			
PHYSICAL ADDRESS			MAILING ADDRESS <input type="checkbox"/> Same as Physical address			
Street # & Name:			Street # & Name:		PO Box #:	
Apt#:	City:	Postal Code:	Apt #:	City:	Postal Code:	
Home Phone:		Unlisted <input type="checkbox"/>	Students Email Address:		Students Cell Phone:	
PREVIOUS SCHOOL INFORMATION						
Previous School Name:			City / Province:			
PARENT/GUARDIAN INFORMATION						
Last Name:						
First Name:						
Relationship to student:						
Custody:	Sole <input type="checkbox"/> Shared <input type="checkbox"/>	Sole <input type="checkbox"/> Shared <input type="checkbox"/>	Sole <input type="checkbox"/> Shared <input type="checkbox"/>	Sole <input type="checkbox"/> Shared <input type="checkbox"/>	Sole <input type="checkbox"/> Shared <input type="checkbox"/>	
Court order in effect?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>*If there are any custody arrangements, legal documentation must be filed with the school*</i>						
Contact Authorizations:	Lives with Student	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>	Lives with Student	<input type="checkbox"/>
	Student Pick Up	<input type="checkbox"/>	Student Pick Up	<input type="checkbox"/>	Student Pick Up	<input type="checkbox"/>
	Receives Mailings	<input type="checkbox"/>	Receives Mailings	<input type="checkbox"/>	Receives Mailings	<input type="checkbox"/>
	Family Portal Access	<input type="checkbox"/>	Family Portal Access	<input type="checkbox"/>	Family Portal Access	<input type="checkbox"/>
	Receives Email	<input type="checkbox"/>	Receives Email	<input type="checkbox"/>	Receives Email	<input type="checkbox"/>
	Receives Auto Dial Calls	<input type="checkbox"/>	Receives Auto Dial Calls	<input type="checkbox"/>	Receives Auto Dial Calls	<input type="checkbox"/>
Home Phone:						
Cell Phone:						
Work Phone:						
Place of Employment:						
Email address:						
PHYSICAL ADDRESS:	Same as Students <input type="checkbox"/>	Same as Students <input type="checkbox"/>	Same as Students <input type="checkbox"/>	Same as Students <input type="checkbox"/>	Same as Students <input type="checkbox"/>	
Street # & Name:						
City:						
Province:						
Postal Code:						
MAILING ADDRESS:						
Street # & Name:						
PO Box:						
City:						
Province:						
Postal Code:						

EMERGENCY CONTACT INFORMATION:

Last Name:			
First Name:			
Relationship:			
Home Phone:			
Cell Phone:			
	Student Pick up <input type="checkbox"/>	Student Pick up <input type="checkbox"/>	Student Pick up <input type="checkbox"/>
	Lives with student <input type="checkbox"/>	Lives with student <input type="checkbox"/>	Lives with student <input type="checkbox"/>

MEDICAL INFORMATION – Life Threatening Conditions

Description of Condition:	Name of Doctor:
	Doctors Phone #:
	Medications:

HEALTH ALERTS – Non life threatening Conditions

Description of Condition:	
	Medications:

STUDENT LEGAL ALERTS

Description of Court Order:	Copy of Order provided to School Yes <input type="checkbox"/> No <input type="checkbox"/>
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CITIZENSHIP

Country of Birth:	Citizenship:	Refugee <input type="checkbox"/>	Entry date to Canada:
Visa Status:	Work Permit <input type="checkbox"/>	Study Permit <input type="checkbox"/>	
Visa Expiry:	Work Permit Expiry:	Study Permit Expiry Date:	

ABORIGINAL ANCESTRY

Is your child of Aboriginal Ancestry? Yes <input type="checkbox"/> No <input type="checkbox"/>			Band of Membership:
Inuit <input type="checkbox"/>	Metis <input type="checkbox"/>	Non Status <input type="checkbox"/>	Band of Residence:
Status on Reserve <input type="checkbox"/>	Status off Reserve <input type="checkbox"/>	Status #	

I give consent for Aboriginal support programming/services: Yes No

OTHER INFORMATION

Past Assistance:	Learning Assistance <input type="checkbox"/>	Educational Assessment <input type="checkbox"/>	Adaptations <input type="checkbox"/>
	Counsellor <input type="checkbox"/>	Modifications <input type="checkbox"/>	Hearing <input type="checkbox"/>
	IEP <input type="checkbox"/>	Speech/Language <input type="checkbox"/>	Physical Accommodations <input type="checkbox"/>

Additional Information:

PERMISSIONS

I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Advisory Council, safe arrival program, and classroom phoning / email committee etc.

I give my consent for the publication of my child's name, photograph and comments to be published for school purposes including but not limited to newsletters, yearbooks, brochures, news media, magazines, reports, school websites, videos and other forms of social media.

I give my consent for my child to participate in neighborhood, curriculum-based off school ground activities.

The information contained on this form is collected under the authority of the School Act, Section 13 and 79. This information will be used for education programming 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 (FIOPPA). If you have any questions about the information recorded on this form, please contact your school administration.

Date:	Signature of Parent/Guardian:
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