

# Herbert School Student Information Verification

Pupil No.:

Current Grade:

## Student

|  |  |
|--|--|
| <p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Legal Middle Name(s) _____</p> <p>Preferred Last _____</p> <p>Preferred First _____</p> <p>Preferred Middle _____</p> <p>Gender _____ Date of birth _____</p> <p>Health Services No. _____ Alt. Health No. _____</p> <p>Student e-mail _____ Family Courier <input type="checkbox"/></p> | <p>Primary Phone _____ Cell Phone _____</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____<br/> <small>QS SEC RL TWSP REG MER</small></p> <p><b>Mailing Address (if different than property address)</b></p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> |
|--|--|

Previous School Name \_\_\_\_\_ City \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

|   |  |   |  |
|---|--|---|--|
| <p>Last. First name _____</p> <p>Relationship _____</p> <p>Emergency Priority _____</p> <p>Parent/Guardian <input type="checkbox"/></p> <p>Emergency Contact <input type="checkbox"/></p> <p>Primary Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p> <p>E-mail Address _____</p>  | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p> </td> <td style="width: 50%; border: 1px dashed black; padding: 5px;"> <p><b>Property Address (if not living with student)</b></p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____<br/> <small>QS SEC RL TWSP REG MER</small></p> <p><b>Mailing Address (if different than student / property address)</b></p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </td> </tr> </table> | <p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p> | <p><b>Property Address (if not living with student)</b></p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____<br/> <small>QS SEC RL TWSP REG MER</small></p> <p><b>Mailing Address (if different than student / property address)</b></p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> |
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**Herbert School**  
**Student Information Verification**

Pupil No.:

Current Grade:

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

|                           |                     |                    |
|---------------------------|---------------------|--------------------|
| Emergency Contact 1 _____ | Primary Phone _____ | Work Phone _____   |
|                           | Cell Phone _____    | Relationship _____ |
| Emergency Contact 2 _____ | Primary Phone _____ | Work Phone _____   |
|                           | Cell Phone _____    | Relationship _____ |
| Emergency Contact 3 _____ | Primary Phone _____ | Work Phone _____   |
|                           | Cell Phone _____    | Relationship _____ |

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**SIBLING INFORMATION**

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

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**STUDENT MEDICAL ALERTS**

Description \_\_\_\_\_

**OTHER STUDENT ALERTS - Health, family or other informational**

Description \_\_\_\_\_

|                             |                                  |
|-----------------------------|----------------------------------|
| CITIZENSHIP Country _____   | Entry to Canada Date _____       |
| CITIZENSHIP Country 2 _____ | Citizenship Effective Date _____ |
| Country of Birth _____      | Home Language _____              |
| Resident Type _____         | HOME LANGUAGE 2 _____            |

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**ABORIGINAL ANCESTRY**      Inuit/Inuk       Metis       Non-Status-Indian       Status-Indian

Living on Reserve       Reserve of Residence \_\_\_\_\_      Band Affiliation \_\_\_\_\_

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Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_