

# Central 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 style="text-align: center;">Primary Phone _____ Cell Phone _____</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____  <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>
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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 style="text-align: center;"><b>Property Address (if not living with student)</b></p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____  <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 style="text-align: center;"><b>Property Address (if not living with student)</b></p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____  <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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**Central School**  
**Student Information Verification**

Pupil No.: \_\_\_\_\_

Current Grade: \_\_\_\_\_

**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 _____

**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 _____

**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 _____

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

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

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