

**Sidney Street School
Student Information Verification**

Pupil No.:

Current Grade:

Student

Legal Last Name _____ Legal First Name _____ Legal Middle Name(s) _____ Preferred Last _____ Preferred First _____ Preferred Middle _____ Gender _____ Date of birth _____ Health Services No. _____ Alt. Health No. _____ Student e-mail _____ Family Courier <input type="checkbox"/>	Primary Phone _____ Cell Phone _____ <div style="border: 1px dashed black; padding: 5px;"> Street Address _____ City _____ Prov _____ PC _____ Land Location _____ QS _____ SEC _____ RL _____ TWSP _____ REG _____ MER _____ Mailing Address (if different than property address) Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____ </div>
Previous School Name _____ City _____	

PARENT / GUARDIAN INFORMATION

Last. First name _____ Relationship _____ Emergency Priority _____ Parent/Guardian <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Primary Phone _____ Cell Phone _____ Work Phone _____ E-mail Address _____	<div style="border: 1px dashed black; padding: 5px;"> Property Address (if not living with student) Street Address _____ City _____ Prov _____ PC _____ Land Location _____ QS _____ SEC _____ RL _____ TWSP _____ REG _____ MER _____ Mailing Address (if different than student / property address) Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____ </div>
Legal Guardianship <input type="checkbox"/> Lives with student <input type="checkbox"/> Receive Grade Mailing <input type="checkbox"/> Receive Conduct <input type="checkbox"/> Mailing Receive Other <input type="checkbox"/> Mailing Receive Email <input type="checkbox"/> Contact has portal access <input type="checkbox"/>	

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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 _____
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 _____