

# Herbert 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 _____ Family Courier <input type="checkbox"/> Health Services No. _____ Alt. Health No. _____	Student e-mail _____ 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                 </div> <b>Mailing Address (if different than property address)</b> Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____
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## 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 _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">                             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"/> </td> <td style="width: 50%; vertical-align: top;"> <div style="border: 1px dashed black; padding: 5px;"> <b>Physical Address</b>                              Street Address _____                              City _____ Prov _____ PC _____                              Land Location _____                              QS SEC RL TWSP REG MER                         </div> <b>Mailing Address (if different than student / property address)</b>                              Street Address _____                              RR Number/PO Box _____                              City _____ Prov _____ PC _____                         </td></tr></table>	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"/>	<div style="border: 1px dashed black; padding: 5px;"> <b>Physical Address</b>                              Street Address _____                              City _____ Prov _____ PC _____                              Land Location _____                              QS SEC RL TWSP REG MER                         </div> <b>Mailing Address (if different than student / property address)</b> Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____
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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 Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
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Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		

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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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**Indigenous Declaration**      Inuit/Inuk       Metis       Non-Status-Indian       Status-Indian

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

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