

# Herbert School Student Information Verification

Pupil No.:

Current Grade:

<b>Student</b>		Student e-mail _____
Legal Last Name _____	Primary Phone _____	Cell Phone _____
Legal First Name _____	Street Address _____	
Legal Middle Name(s) _____	City _____ Prov _____ PC _____	
Preferred Last _____	Land Location _____	
Preferred First _____	<div style="display: flex; justify-content: space-around; font-size: small;"> <span>QS</span> <span>SEC</span> <span>RL</span> <span>TWSP</span> <span>REG</span> <span>MER</span> </div>	
Preferred Middle _____	<b>Mailing Address (if different than property address)</b>	
Gender _____	Date of birth _____	Street Address _____
Family Courier <input type="checkbox"/>		RR Number/PO Box _____
		City _____ Prov _____ PC _____
Previous School Name _____		City _____

<b>PARENT / GUARDIAN INFORMATION</b>			<b>Physical Address</b>		
Last. First name _____			Street Address _____		
Relationship _____			City _____ Prov _____ PC _____		
Emergency Priority _____	Legal Guardianship <input type="checkbox"/>	<input type="checkbox"/>	Land Location _____		
Parent/Guardian <input type="checkbox"/>	Lives with student <input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-around; font-size: small;"> <span>QS</span> <span>SEC</span> <span>RL</span> <span>TWSP</span> <span>REG</span> <span>MER</span> </div>		
Emergency Contact <input type="checkbox"/>	Receive Grade Mailing <input type="checkbox"/>	<input type="checkbox"/>	<b>Mailing Address (if different than student / property address)</b>		
Primary Phone _____	Receive Conduct <input type="checkbox"/>	<input type="checkbox"/>	Street Address _____		
Cell Phone _____	Mailing Receive Other <input type="checkbox"/>	<input type="checkbox"/>	RR Number/PO Box _____		
Work Phone _____	Mailing Receive Email <input type="checkbox"/>	<input type="checkbox"/>	City _____ Prov _____ PC _____		
E-mail Address _____	Contact has portal access <input type="checkbox"/>	<input type="checkbox"/>			

<b>PARENT / GUARDIAN INFORMATION</b>			<b>Physical Address</b>		
Last. First name _____			Street Address _____		
Relationship _____			City _____ Prov _____ PC _____		
Emergency Priority _____	Legal Guardianship <input type="checkbox"/>	<input type="checkbox"/>	Land Location _____		
Parent/Guardian <input type="checkbox"/>	Lives with student <input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-around; font-size: small;"> <span>QS</span> <span>SEC</span> <span>RL</span> <span>TWSP</span> <span>REG</span> <span>MER</span> </div>		
Emergency Contact <input type="checkbox"/>	Receive Grade Mailing <input type="checkbox"/>	<input type="checkbox"/>	<b>Mailing Address (if different than student / property address)</b>		
Primary Phone _____	Receive Conduct <input type="checkbox"/>	<input type="checkbox"/>	Street Address _____		
Cell Phone _____	Mailing Receive Other <input type="checkbox"/>	<input type="checkbox"/>	RR Number/PO Box _____		
Work Phone _____	Mailing Receive Email <input type="checkbox"/>	<input type="checkbox"/>	City _____ Prov _____ PC _____		
E-mail Address _____	Contact has portal access <input type="checkbox"/>	<input type="checkbox"/>			

<b>PARENT / GUARDIAN INFORMATION</b>			<b>Physical Address</b>		
Last. First name _____			Street Address _____		
Relationship _____			City _____ Prov _____ PC _____		
Emergency Priority _____	Legal Guardianship <input type="checkbox"/>	<input type="checkbox"/>	Land Location _____		
Parent/Guardian <input type="checkbox"/>	Lives with student <input type="checkbox"/>	<input type="checkbox"/>	<div style="display: flex; justify-content: space-around; font-size: small;"> <span>QS</span> <span>SEC</span> <span>RL</span> <span>TWSP</span> <span>REG</span> <span>MER</span> </div>		
Emergency Contact <input type="checkbox"/>	Receive Grade Mailing <input type="checkbox"/>	<input type="checkbox"/>	<b>Mailing Address (if different than student / property address)</b>		
Primary Phone _____	Receive Conduct <input type="checkbox"/>	<input type="checkbox"/>	Street Address _____		
Cell Phone _____	Mailing Receive Other <input type="checkbox"/>	<input type="checkbox"/>	RR Number/PO Box _____		
Work Phone _____	Mailing Receive Email <input type="checkbox"/>	<input type="checkbox"/>	City _____ Prov _____ PC _____		
E-mail Address _____	Contact has portal access <input type="checkbox"/>	<input type="checkbox"/>			

**Herbert 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 _____	Birthdate _____
Legal First _____	Relationship _____
Legal Last _____	Birthdate _____
Legal First _____	Relationship _____
Legal Last _____	Birthdate _____
Legal First _____	Relationship _____
Legal Last _____	Birthdate _____
Legal First _____	Relationship _____
Legal Last _____	Birthdate _____
Legal First _____	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 _____

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

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

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