

**Swift Current Comprehensive High School
Student Information Verification**

Pupil No.:

Current Grade:

Student

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 _____	<table border="0" style="width:100%"> <tr> <td style="border-bottom: 1px solid black;">QS</td> <td style="border-bottom: 1px solid black;">SEC</td> <td style="border-bottom: 1px solid black;">RL</td> <td style="border-bottom: 1px solid black;">TWSP</td> <td style="border-bottom: 1px solid black;">REG</td> <td style="border-bottom: 1px solid black;">MER</td> </tr> </table>		QS	SEC	RL	TWSP	REG	MER
QS	SEC	RL	TWSP	REG	MER			
Preferred Middle _____	Mailing Address (if different than property address)							
Gender _____ Date of birth _____	Street Address _____							
Health Services No. _____ Alt. Health No. _____	RR Number/PO Box _____							
Student e-mail _____ Family Courier <input type="checkbox"/>	City _____ Prov _____ PC _____							

Previous School Name _____ City _____

PARENT / GUARDIAN INFORMATION

Last. First name _____	Property Address (if not living with student)							
Relationship _____	Street Address _____							
Emergency Priority _____	City _____ Prov _____ PC _____							
Parent/Guardian <input type="checkbox"/>	Land Location _____							
Emergency Contact <input type="checkbox"/>	<table border="0" style="width:100%"> <tr> <td style="border-bottom: 1px solid black;">QS</td> <td style="border-bottom: 1px solid black;">SEC</td> <td style="border-bottom: 1px solid black;">RL</td> <td style="border-bottom: 1px solid black;">TWSP</td> <td style="border-bottom: 1px solid black;">REG</td> <td style="border-bottom: 1px solid black;">MER</td> </tr> </table>		QS	SEC	RL	TWSP	REG	MER
QS	SEC	RL	TWSP	REG	MER			
Primary Phone _____	Mailing Address (if different than student / property address)							
Cell Phone _____	Street Address _____							
Work Phone _____	RR Number/PO Box _____							
E-mail Address _____	City _____ Prov _____ PC _____							

PARENT / GUARDIAN INFORMATION

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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 _____

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** _____