

Grayed fields are filled in by the school

Surname: Academic Year: Permanent Code:
 Given Names: (Include Middle Name) Status Card #:
 Common First Name: HomeRoom: Grade:
 Home Phone: Teacher:
 Date of Birth: Birth Date Verification: Gender:

Civic Address St.#: Street: Apt.#:
 City/Community: Prov.: Postal Code:

Mailing Address Street: City/Community:

| Parent/Guardian 1 | Parent/Guardian 2 |
|--|--|
| First Name: <input type="text"/> | First Name: <input type="text"/> |
| Last Name: <input type="text"/> | Last Name: <input type="text"/> |
| Relationship: <input type="text"/> | Relationship: <input type="text"/> |
| Address: <input type="text"/> | Address: <input type="text"/> |
| City: <input type="text"/> | City: <input type="text"/> |
| Province: <input type="text"/> Postal Code: <input type="text"/> | Province: <input type="text"/> Postal Code: <input type="text"/> |
| Day Phone # <input type="text"/> | Day Phone # <input type="text"/> |
| Evening Phone # <input type="text"/> | Evening Phone # <input type="text"/> |
| Cell # <input type="text"/> | Cell # <input type="text"/> |
| Employer's Name: <input type="text"/> | Employer's Name: <input type="text"/> |
| Email: <input type="text"/> | Email: <input type="text"/> |

Student Medical Information
 Medical Concern: Yes No
 Health Card #:
 Card Exp. Date:
 Medical Conditions

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Doctor Contact Information
 Name:
 Phone #:

Emergency Contact
 Name:
 Phone # - Home Work
 Emergency Phone #:

Emergency Action Plan

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| Medication | Dosage |
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Please list all children in your family beginning with the oldest child.

| Name | DOB | Gender | Name | DOB | Gender |
|-------------------------|----------------------|----------------------|-------------------------|----------------------|----------------------|
| 1. <input type="text"/> | <input type="text"/> | <input type="text"/> | 4. <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. <input type="text"/> | <input type="text"/> | <input type="text"/> | 5. <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. <input type="text"/> | <input type="text"/> | <input type="text"/> | 6. <input type="text"/> | <input type="text"/> | <input type="text"/> |

Student Bus Information
 Bus Student: Yes No Walker: Yes No
 Lunch Student: Yes No Child Care: Yes No

Bus Schedule Information

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|----------------------------|---------------------------------|
| AM Bus Name: | <input type="text"/> |
| Bus Route: | <input type="text"/> |
| Bus Stop: | <input type="text"/> |
| Bus#: <input type="text"/> | Stop Time: <input type="text"/> |
| PM Bus Name: | <input type="text"/> |
| Bus Route: | <input type="text"/> |
| Bus Stop: | <input type="text"/> |
| Bus#: <input type="text"/> | Stop Time: <input type="text"/> |

School Closure Contact
 Name:
 Phone #:

School Closure Arrangements

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Special Arrangements

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If in case of illness or accident to my child, I cannot be reached by telephone, I hereby authorize the Principal or representative to send for an ambulance or have my child delivered to the nearest emergency medical location.

Signature of Guardian _____ Date _____