

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 (yyyy-mm-dd):  Birth Date Verification:  Gender:

**Civic Address** St.#:  Street:  Apt.#:

City/Community:  Prov.:  Postal Code:   Off reserve

**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


**Doctor Contact Information**

Name:

Phone #:

**Emergency Contact**

Name:

Phone # - Home  Work

Emergency Phone #:

**Emergency Action Plan**


Medication	Dosage

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**

AM Bus Name:

Bus Route:  Bus#:

Bus Stop:  Stop Time:

PM Bus Name:

Bus Route:  Bus#:

Bus Stop:  Stop Time:

**School Closure Contact**

Name:

Phone #:

**School Closure Arrangements**


**Special Arrangements**


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