

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 _____