



Kitsilano Secondary School Student Information Verification

Date: _____

Pupil No.: _____

Homeroom: _____

Teacher: _____

Student

Legal Last Name	_____	Home phone	_____	Unlisted	<input type="checkbox"/>
Legal First Name	_____	Student e-mail	_____		
Legal Middle Name(s)	_____	RR Number/PO Box	_____	Family Courier	<input type="checkbox"/>
Usual Last Name	_____	Street Address	_____		
Usual First Name	_____	City	_____	Prov	_____
Usual Middle Name(s)	_____	Mailing Address (if different than property address)	_____		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Street Address	_____		
Date of birth	_____	RR Number/PO Box	_____		
Personal Health No.	_____	City	_____	Prov	_____
Previous School Name	_____	District	_____	City	_____

PARENT / GUARDIAN INFORMATION

Last, First name _____

Relationship _____

Male Female Parental authority or guardian

Can pick up Lives with student

Receive mailings Receive email

Receive autodialer calls Has portal access

Home phone _____

Work Phone _____

Cell Phone _____

Property Address (if not living with student)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

Mailing Address (if different than student / property address)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

E-mail Address _____

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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	Home phone	Work Phone
_____	_____	_____
	Cell Phone	Relationship
	_____	_____
Emergency Contact 2	Home phone	Work Phone
_____	_____	_____
	Cell Phone	Relationship
	_____	_____
Emergency Contact 3	Home phone	Work Phone
_____	_____	_____
	Cell Phone	Relationship
	_____	_____
Out of district contact	Home phone	Work Phone
_____	_____	_____
	Cell Phone	Relationship
	_____	_____

SIBLING INFORMATION

Legal Last Name	Gender	Male	<input type="checkbox"/>	Birthdate	_____
_____		Female	<input type="checkbox"/>	Relationship	_____
Legal First Name					_____
_____					_____
Legal Last Name	Gender	Male	<input type="checkbox"/>	Birthdate	_____
_____		Female	<input type="checkbox"/>	Relationship	_____
Legal First Name					_____
_____					_____
Legal Last Name	Gender	Male	<input type="checkbox"/>	Birthdate	_____
_____		Female	<input type="checkbox"/>	Relationship	_____
Legal First Name					_____
_____					_____
Legal Last Name	Gender	Male	<input type="checkbox"/>	Birthdate	_____
_____		Female	<input type="checkbox"/>	Relationship	_____
Legal First Name					_____
_____					_____

STUDENT LEGAL ALERTS

Court order on file?

Description _____

STUDENT MEDICAL ALERTS

Life Threatening? Doctor's Name _____ Phone _____

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

CITIZENSHIP (country) _____ Visa Status _____ Expiration _____

LANGUAGE At Home _____ Most Used _____ First _____

ABORIGINAL ANCESTRY Metis Inuit Status-On Reserve Status-Off Reserve Non-Status

Band of Origin _____ Band of Residence _____ Status No. _____

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

Parent / Guardian Signature _____ Date _____