



Emily Carr Elementary Student Information Verification

Pupil No.:

Homeroom:

Teacher:

Student

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

Previous School Name _____ District _____ City _____

PARENT / GUARDIAN INFORMATION

Last, First name	_____	Property Address	Street Address _____
Relationship	_____	RR Number/PO Box	_____
Parental authority or guardian	<input type="checkbox"/> Lives with student <input type="checkbox"/>	City	_____ Prov _____ PC _____
Can pick up	<input type="checkbox"/> Receive email <input type="checkbox"/>	Mailing Address (if different than property address)	
Receive mailings	<input type="checkbox"/> Has portal access <input type="checkbox"/>	Street Address	_____
Receive autodialer calls	<input type="checkbox"/>	RR Number/PO Box	_____
Home Phone	_____	City	_____ Prov _____ PC _____
Work Phone	_____ Ext _____	E-mail Address	_____
Cell Phone	_____		

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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	Ext
Can pick up <input type="checkbox"/>	Cell Phone	Relationship	
Emergency Contact 2	Home Phone	Work Phone	Ext
Can pick up <input type="checkbox"/>	Cell Phone	Relationship	
Emergency Contact 3	Home Phone	Work Phone	Ext
Can pick up <input type="checkbox"/>	Cell Phone	Relationship	
Out of district	Home Phone	Work Phone	Ext
Can pick up <input type="checkbox"/>	Cell Phone	Relationship	

SCHOOL AGED SIBLING INFORMATION

Legal Last Name	Birthdate
Legal First Name	Relationship
Legal Last Name	Birthdate
Legal First Name	Relationship
Legal Last Name	Birthdate
Legal First Name	Relationship
Legal Last Name	Birthdate
Legal First Name	Relationship
Legal Last Name	Birthdate
Legal First Name	Relationship

STUDENT LEGAL ALERTS Court order on file?

Description _____

STUDENT MEDICAL ALERTS Life Threatening?

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** _____