



Prince of Wales Secondary
Student Information Verification

Page 1 of 2
August 6, 2025

Pupil No.:

Homeroom:

Teacher:

Student

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

Previous School Name	_____	District	_____	City	_____
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PARENT / GUARDIAN INFORMATION

Last, First name	_____
Relationship	_____
Parental authority or guardian	<input type="checkbox"/> Lives with student <input type="checkbox"/>
Can pick up	<input type="checkbox"/> Receive email <input type="checkbox"/>
Receive mailings	<input type="checkbox"/> Has portal access <input type="checkbox"/>
Receive autodialer calls	<input type="checkbox"/>
Home Phone	_____
Work Phone	_____ Ext _____
Cell Phone	_____

Property Address

Street Address	_____
RR Number/PO Box	_____
City	_____
Prov	_____
PC	_____

Mailing Address (if different than property address)

Street Address	_____
RR Number/PO Box	_____
City	_____
Prov	_____
PC	_____

E-mail Address _____

PARENT / GUARDIAN INFORMATION

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Work Phone	_____ Ext _____
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Page 2 of 2
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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**