



# La Confluence Student Information Verification

Pupil No.:

Homeroom:

Teacher:

**Student**

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

**PARENT / GUARDIAN INFORMATION**

<p>Last, First name _____</p> <p>Relationship _____</p> <p>Parental authority or guardian <input type="checkbox"/> Lives with student <input type="checkbox"/></p> <p>Can pick up <input type="checkbox"/> Receive email <input type="checkbox"/></p> <p>Receive mailings <input type="checkbox"/> Has portal access <input type="checkbox"/></p> <p>Receive autodialer calls <input type="checkbox"/></p> <p>Home phone _____</p> <p>Work Phone _____ Ext _____</p> <p>Cell Phone _____</p>	<p><b>Property Address (if not living with student)</b></p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> <hr style="border: none; border-top: 1px dashed black;"/> <p><b>Mailing Address (if different than student / property address)</b></p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> <p>E-mail Address _____</p>
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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 _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____ _____
Emergency Contact 2	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____ _____
Emergency Contact 3	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____ _____
Out of district	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____ _____

**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?**  **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** \_\_\_\_\_