



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>	<div style="border: 1px dashed black; padding: 5px;"> <p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </div> <div style="border: 1px dashed black; padding: 5px;"> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </div> <p>E-mail Address _____</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>	<div style="border: 1px dashed black; padding: 5px;"> <p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </div> <div style="border: 1px dashed black; padding: 5px;"> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </div> <p>E-mail Address _____</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>	<div style="border: 1px dashed black; padding: 5px;"> <p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </div> <div style="border: 1px dashed black; padding: 5px;"> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </div> <p>E-mail Address _____</p>
--	--



**La Confluence
Student Information Verification**

Pupil No.:

Homeroom:

Teacher:

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 _____	

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** _____