

Boundary Elem NVan
Student Information Verification

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 # / PO Box _____	Family Courier <input type="checkbox"/>
Usual Last Name _____	Street address _____	
Usual First Name _____	City _____ Prov _____ PC _____	
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 _____ PC _____	

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 / propertyAddress)

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

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 _____