

# CARSON GRAHAM SECONDARY

Ph: 604.903.3555  
Fax: 604.903.3556  
carsongraham@nv44.bc.ca

## DEMOGRAPHIC CHANGE FORM

To ensure our information is correct, please fill in the form below and return it to the main office of Carson Graham as soon as possible [Please print]

### STUDENT

Last Name		First Name		Middle Name	
Date of Birth (day/month/year)		Grade for 2007/2008		Country of Birth	
Mailing Address			City		Postal Code
Home Phone #			Parent e-mail Address		
Cell Phone #					
With whom does the student live? (check as many as apply)		<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Stepfather
		<input type="checkbox"/> Guardian	<input type="checkbox"/> Other [who?]		
Title (e.g. Mr & Mrs; Ms; Dr.) – for mail				Relationship to student	
What language does the student usually speak at home?					
Is this student a first-nations student?		If "yes", then what is the name of the band? (e.g. "Squamish")			
Check here if this student has brothers or sisters who also attend Carson Graham		<input type="checkbox"/> Please fill in the student information on the back of this form for any siblings attending Carson Graham			

### PARENT/GUARDIAN and EMERGENCY information

Mother's Last Name		Mother's First Name		Home phone		Work phone	
Father's Last Name		Father's First Name		Home phone		Work phone	
<i>If the student does not live with a parent, fill in information on the guardian:</i>							
Guardian Last Name		Guardian First Name		Home phone		Work phone	
<i>If we can't reach the parents or guardians, who should we call in an emergency?</i>							
Emergency contact name			Relationship (e.g. "neighbour", "aunt")			Contact Phone	
Doctor's name			Doctor's Phone #		Care Card #		

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Is it important for us to know something else about your child or your family situation? Please attach a note, or call the school to arrange an appointment with your child's counsellor.

**Other Carson Graham students who have the same parent/guardian and emergency information as the student listed on the front of this form**

## STUDENT #2 from this family

Last Name		First Name	Middle Name
/ /			
Date of Birth (day/month/year)	Grade for 2007/08	Gender	Where was the student born?
What language does the student usually speak at home? _____			
Is this student a first-nations student? _____	If "yes", then what is the name of the band? (e.g. "Squamish") _____		
Doctor's Name		Doctor's Phone #	Care Card #

## STUDENT #3 from this family

Last Name		First Name	Middle Name
/ /			
Date of Birth (day/month/year)	Grade for 2006/07	Gender	Where was the student born?
What language does the student usually speak at home? _____			
Is this student a first-nations student? _____	If "yes", then what is the name of the band? (e.g. "Squamish") _____		
Doctor's Name		Doctor's Phone #	Care Card #

*Please fill in these boxes ONLY for students who have the same parent/guardian and emergency information as the student listed on the front of this form. If siblings have different parent/guardian or emergency information, please fill in a separate form.*