

Grayed fields are filled in by the school

Surname: **Program:** English Immersion **Academic Year:**

Given Names: (Include Middle Name) **Status Card #:**

Common First Name: **HomeRoom:** **Grade:**

Home Phone: **Teacher:** **Band #:**

Date of Birth: **Birth Date Verification:** **Gender:** **Is English First Language:** Y N

Civic Address **St.#:** **Street:** **Apt.#:**

City/Community: **Prov.:** **Postal Code:**

Mailing Address **Street:** **City/Community:**

Prov.: **Postal Code:**

Parent/Guardian 1	Parent/Guardian 2
First Name: <input type="text"/>	First Name: <input type="text"/>
Last Name: <input type="text"/>	Last Name: <input type="text"/>
Relationship: <input type="text"/>	Relationship: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
Province: <input type="text"/> Postal Code: <input type="text"/>	Province: <input type="text"/> Postal Code: <input type="text"/>
Day Phone # <input type="text"/>	Day Phone # <input type="text"/>
Evening Phone # <input type="text"/>	Evening Phone # <input type="text"/>
Cell # <input type="text"/>	Cell # <input type="text"/>
Employer's Name: <input type="text"/>	Employer's Name: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>

Parent/Guardian 3

First Name: **Last Name:**

Relationship: **Occupation:**

Contact Number:

Student Medical Information

Medical Concern: Yes No

Health Card #:

Card Exp. Date:

Doctor Contact Information

Name:

Phone #:

Emergency Contact

Name:

Phone # - Home **Work**

Emergency Phone #:

Emergency Action Plan

Please list all siblings who are also attending this school.

Name	DOB	Gender	Name	DOB	Gender
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	4. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	5. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	6. <input type="text"/>	<input type="text"/>	<input type="text"/>

...Continued from the previous page

Student Bus Information

Bus Student: Yes No

Walker: Yes No

Lunch Student: Yes No

Child Care: Yes No

School Closure Contact

Name:

Phone #:

Secondary Closure Contact

Name:

Phone #:

School Closure Arrangements

Bus Schedule Information

AM Bus Name:	<input type="text"/>	
Bus Route:	<input type="text"/>	Bus#: <input type="text"/>
Bus Stop:	<input type="text"/>	Stop Time: <input type="text"/>
PM Bus Name:	<input type="text"/>	
Bus Route:	<input type="text"/>	Bus#: <input type="text"/>
Bus Stop:	<input type="text"/>	Stop Time: <input type="text"/>

Special Arrangements

Previous School

School Name:

School Address:

Year: Phone #:

If in case of illness or accident to my child, I cannot be reached by telephone, I hereby authorize the Principal or representative to send for an ambulance or have my child delivered to the nearest emergency medical location.

Signature of Guardian

Date