

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  |
|--|--|
| <b>First Name:</b> <input type="text"/>  | <b>First Name:</b> <input type="text"/>  |
| <b>Last Name:</b> <input type="text"/>   | <b>Last Name:</b> <input type="text"/>   |
| <b>Relationship:</b> <input type="text"/>                                      | <b>Relationship:</b> <input type="text"/>                                      |
| <b>Address:</b> <input type="text"/>   | <b>Address:</b> <input type="text"/>   |
| <b>City:</b> <input type="text"/>  | <b>City:</b> <input type="text"/>  |
| <b>Province:</b> <input type="text"/> <b>Postal Code:</b> <input type="text"/> | <b>Province:</b> <input type="text"/> <b>Postal Code:</b> <input type="text"/> |
| <b>Day Phone #</b> <input type="text"/>  | <b>Day Phone #</b> <input type="text"/>  |
| <b>Evening Phone #</b> <input type="text"/>                                    | <b>Evening Phone #</b> <input type="text"/>                                    |
| <b>Cell #</b> <input type="text"/>   | <b>Cell #</b> <input type="text"/>   |
| <b>Employer's Name:</b> <input type="text"/>                                   | <b>Employer's Name:</b> <input type="text"/>                                   |
| <b>Email:</b> <input type="text"/>   | <b>Email:</b> <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"/> |

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**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 \_\_\_\_\_