

**Franc Depart Anne-Hebert
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	_____
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	_____

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 _____

ABORIGINAL ANCESTRY Métis 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 _____