

**Franc Depart Outreach #2
Student Information Verification**

Pupil No.:

Homeroom:

Teacher:

Student

Legal Last Name _____	Home phone _____	Unlisted <input type="checkbox"/>
Legal First Name _____	Cell Phone _____	
Legal Middle Name(s) _____	Student e-mail _____	
Usual Last Name _____	RR Number/PO Box _____	Family Courier <input type="checkbox"/>
Usual First Name _____	Street Address _____	
Usual Middle Name(s) _____	City _____	Prov _____ PC _____
Gender _____	Mailing Address (if different than property address) _____	
Date of birth _____	Street Address _____	
Personal Health No. _____	RR Number/PO Box _____	
	City _____	Prov _____ PC _____

Previous School Name _____ District _____ City _____

PARENT / GUARDIAN INFORMATION

Last, First name _____	Property Address (if not living with student)		
Relationship _____	Street Address _____		
Parental authority or guardian <input type="checkbox"/>	Lives with student <input type="checkbox"/>	RR Number/PO Box _____	
Can pick up <input type="checkbox"/>	Receive email <input type="checkbox"/>	City _____	
Receive mailings <input type="checkbox"/>	Has portal access <input type="checkbox"/>	Prov _____ PC _____	
Receive autodialer calls <input type="checkbox"/>		Mailing Address (if different than student / property address)	
Home phone _____		Street Address _____	
Work Phone _____ Ext _____		RR Number/PO Box _____	
Cell Phone _____		City _____	
		Prov _____ PC _____	
		E-mail Address _____	

PARENT / GUARDIAN INFORMATION

Last, First name _____	Property Address (if not living with student)		
Relationship _____	Street Address _____		
Parental authority or guardian <input type="checkbox"/>	Lives with student <input type="checkbox"/>	RR Number/PO Box _____	
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Receive autodialer calls <input type="checkbox"/>		Mailing Address (if different than student / property address)	
Home phone _____		Street Address _____	
Work Phone _____ Ext _____		RR Number/PO Box _____	
Cell Phone _____		City _____	
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		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 _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____
Emergency Contact 2 _____	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____
Emergency Contact 3 _____	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____
Out of district _____	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____

SCHOOL AGED SIBLING INFORMATION

Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		

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 Metis 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** _____