

Franc Depart Pionniers Student Information Verification

Pupil No.:

Homeroom:

Teacher:

Student

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

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	_____
_____				_____	_____
_____				_____	_____

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** _____