



Student Information

Student is: New Returning

Legal Last Name: []

Preferred Last Name: []

Legal First Name: []

Preferred First Name: []

Legal Middle Name(s): []

Gender: M F

Date of Birth: []

Country of Birth: []

Age: []

Country of Citizenship: []

Entering Grade: []

Student Lives With: Both Parents Father Mother Guardian Other: []

Home Address: []

City: []

Home Phone #: []

Province: []

Student Phone #: []

Postal Code: []

Student email: []

Baptized: Yes No NA

Church Membership: []

LIST OF PREVIOUS SCHOOLS ATTENDED (List the most recent first)

School Name	School Address	Grades Completed

DESTINATION AFTER SCHOOL?

Student destination after school (select all that apply):

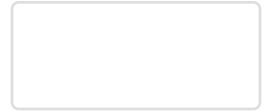
home work sitter relative other:

Student .5.5 of Transportation (choose all that apply):

Parent Self Public Transit Walk Cycle

Authorized to Pickup My Child(ren)

Name	Relation	Phone



Emergency Contact Info

	Contact (other than parent/guardian; min 1)	Relation to student	Home Phone	Mobile Phone	Pick Up
1	,				
2	,				
3					
4					

**Emergency Protocol: In the event of any student requiring assistance in a medical emergency we will take whatever action that is deemed necessary. Parent(s)/Guardian will be called immediately and repeatedly until contacted. It is the parent's responsibility to provide current contact information.*

Medical Information

Does this student have any physical or medical conditions that the school should be aware of:

- Asthma
 Epilepsy
 Sinus
 Blood Disorder
 Other
 Bronchitis
 Heart Condition
 Skin Disorder
 Allergies

Please describe the condition:

.....

(Dispensing Medication Permission Form must be completed before any medication can be administered, including over the counter medications)

.....

(Anaphylaxis Emergency Plan Form must be completed for any potentially life threatening allergies)

Student Service/Care Card #:

Doctor Name: Dr. Ph:

Dentist Name: Dentist Ph: