

STUDENT INFORMATION FORM

LEGAL LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	GENDER <input type="checkbox"/> MALE
USUAL LAST NAME	PREFERRED FIRST NAME	BIRTH DATE	<input type="checkbox"/> FEMALE

PROPERTY ADDRESS

HOME PHONE NUMBER ()	UNLISTED <input type="checkbox"/> YES	APT. NO.	STREET NUMBER	STREET NAME/LINE OR SIDE ROAD
TOWN/CITY			PROVINCE	POSTAL CODE
				MAILING ADDRESS SAME AS PROPERTY ADDRESS <input type="checkbox"/>

MAILING ADDRESS

COMPLETE THIS SECTION IF STUDENT LOCATION IS DIFFERENT FROM PROPERTY ADDRESS	APT. NO.	STREET NUMBER	STREET NAME/LINE OR SIDE ROAD		
	P.O. BOX	TOWN/CITY		PROVINCE	POSTAL CODE

GENERAL INFORMATION (Must be completed in full)

PREVIOUS SCHOOL DISTRICT	PREVIOUS SCHOOL NAME	PREVIOUS SCHOOL ADDRESS		
FAMILY DOCTOR'S NAME	FAMILY DOCTOR'S TELEPHONE ()	HEALTH CARD NUMBER	ALLERGIES	LIFE THREATENING <input type="checkbox"/> YES <input type="checkbox"/> NO
HEALTH FACTORS <input type="checkbox"/> HEART <input type="checkbox"/> SEIZURES <input type="checkbox"/> SPEECH <input type="checkbox"/> HEARING <input type="checkbox"/> ASTHMA <input type="checkbox"/> OTHER (SPECIFY)		MEDICATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO DETAILS		OTHER - SPECIFY
CUSTODY <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> SELF (18 & OVER) <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CHILDREN'S AID SOCIETY		LIVING WITH <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> SELF (18 & OVER) <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER (SPECIFY)		
TITLE (circle one) MR/MRS/MS/MISS/DR/REV	1 ST PARENT/LEGAL GUARDIAN LAST NAME		FIRST NAME	HOME TELEPHONE ()
E-MAIL ADDRESS FOR PARENT/LEGAL GUARDIAN		RELATIONSHIP TO STUDENT	BUSINESS TELEPHONE ()	EXT. AVAILABLE AT WORK <input type="checkbox"/> YES
TITLE (circle one) MR/MRS/MS/MISS/DR/REV	2 ND PARENT/LEGAL GUARDIAN LAST NAME		FIRST NAME	HOME TELEPHONE ()
E-MAIL ADDRESS FOR PARENT/LEGAL GUARDIAN		RELATIONSHIP TO STUDENT	BUSINESS TELEPHONE ()	EXT. AVAILABLE AT WORK <input type="checkbox"/> YES
ADDITIONAL FAMILY INFORMATION OF WHICH SCHOOL SHOULD BE AWARE				
LANGUAGES SPOKEN IN THE HOME ENGLISH <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER (SPECIFY)			PLEASE ADVISE IF ALTERNATE COMMUNICATION REQUIRED (e.g. large print, Braille, sign language)	

SIBLINGS

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT	DATE OF BIRTH	SCHOOL & GRADE
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		
		<input type="checkbox"/> BROTHER <input type="checkbox"/> SISTER		

EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) UNAVAILABLE – in order of availability (#1 easiest to contact)

TITLE (circle one) MR/MRS/MS/MISS/DR/REV	LAST NAME	FIRST NAME	HOME TELEPHONE ()	CELLULAR/PAGER ()
RELATIONSHIP TO STUDENT		BUSINESS TELEPHONE ()	EXT.	AVAILABLE AT WORK <input type="checkbox"/> YES
TITLE (circle one) MR/MRS/MS/MISS/DR/REV	LAST NAME	FIRST NAME	HOME TELEPHONE ()	CELLULAR/PAGER ()
RELATIONSHIP TO STUDENT		BUSINESS TELEPHONE ()	EXT.	AVAILABLE AT WORK <input type="checkbox"/> YES

I/WE UNDERSTAND THAT THIS INFORMATION MAY BE USED BY THE PEEL DISTRICT SCHOOL BOARD FOR PURPOSES CONSISTENT WITH ITS LEGISLATED AUTHORITY.

ARE YOU CURRENTLY SERVING A SUSPENSION OR EXPULSION? YES NO If yes, reason. _____

REGISTRATION IS CONDITIONAL UPON RECEIPT OF O.S.R./SCHOOL RECORDS FROM SENDING SCHOOL TO CONFIRM APPROPRIATENESS OF ADMISSION.

Parent/Guardian or Student (18 or older)

Date