

Contact Verification Form



Schools across Saskatchewan are moving this fall to a new student records database system. As part of this transition, Northwest Schools Division schools are requesting updated contact information.

Please provide your **current** contact details. If you live at a rural address, please provide you legal land location.

For contacts, please indicate contact order, and what information the contact may receive from Northwest School Division.

Please return completed forms to your local school.

STUDENT INFORMATION	Legal Name: _____ Surname First Name Middle Name(s) Usual First Name
	Date of Birth: <u>MM</u> <u>DD</u> <u>YY</u> , <u>YYYY</u> Gender: _____ Grade as of Sept. 1, 2019: _____ Health Card Number: _____ Ex: SEP 15, 2005 F, M or Undeclared
	Home Phone: _____ Student Cell Phone: _____ Student Email: _____
	Address: _____ Apt/Unit # House # Street Name Type (St, Ave, Cres, etc) Direction
	PO Box: _____ City/Town: _____ Postal Code: _____
	Legal Land Location - Quarter Section: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ Ex: NW 34-42-4-W3
CONTACT 1	Legal Name: _____ Surname First Name Middle Name(s) Usual First Name
	Relationship: _____ Email: _____ Emergency Contact Priority: _____ Mother, Father, Guardian, Billet, Emergency Contact, Other etc. (1, 2, 3, etc.)
	Home Phone: _____ Cell Phone: _____ Work Phone: _____
	Address: _____ Apt/Unit # House # Street Name Type (St, Ave, Cres, etc) Direction
	PO Box: _____ City/Town: _____ Postal Code: _____
	Legal Land Location - Quarter Section: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ Ex: NW 34-42-4-W3
	Contact: <input type="checkbox"/> Lives with student <input type="checkbox"/> Receive grade mailing <input type="checkbox"/> Receive conduct mailing <input type="checkbox"/> Receive other notifications <input type="checkbox"/> Receive email
CONTACT 2	Legal Name: _____ Surname First Name Middle Name(s) Usual First Name
	Relationship: _____ Email: _____ Emergency Contact Priority: _____ Mother, Father, Guardian, Billet, Emergency Contact, Other etc. (1, 2, 3, etc.)
	Home Phone: _____ Cell Phone: _____ Work Phone: _____
	Address: _____ Apt/Unit # House # Street Name Type (St, Ave, Cres, etc) Direction
	PO Box: _____ City/Town: _____ Postal Code: _____
	Legal Land Location - Quarter Section: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ Ex: NW 34-42-4-W3
	Contact: <input type="checkbox"/> Lives with student <input type="checkbox"/> Receive grade mailing <input type="checkbox"/> Receive conduct mailing <input type="checkbox"/> Receive other notifications <input type="checkbox"/> Receive email
CONTACT 3	Legal Name: _____ Surname First Name Middle Name(s) Usual First Name
	Relationship: _____ Email: _____ Emergency Contact Priority: _____ Mother, Father, Guardian, Billet, Emergency Contact, Other etc. (1, 2, 3, etc.)
	Home Phone: _____ Cell Phone: _____ Work Phone: _____
	Address: _____ Apt/Unit # House # Street Name Type (St, Ave, Cres, etc) Direction
	PO Box: _____ City/Town: _____ Postal Code: _____
	Legal Land Location - Quarter Section: _____ Section: _____ Township: _____ Range: _____ Meridian: _____ Ex: NW 34-42-4-W3
	Contact: <input type="checkbox"/> Lives with student <input type="checkbox"/> Receive grade mailing <input type="checkbox"/> Receive conduct mailing <input type="checkbox"/> Receive other notifications <input type="checkbox"/> Receive email