

St. Walburg School Student Information Verification

Pupil No.:

Current Grade:

Student

<p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Legal Middle Name(s) _____</p> <p>Preferred Last _____</p> <p>Preferred First _____</p> <p>Preferred Middle _____</p> <p>Gender _____ Date of birth _____</p> <p>Health Services No. _____ Alt. Health No. _____</p> <p>Student e-mail _____ Family Courier <input type="checkbox"/></p>	<p>Primary Phone _____ Cell Phone _____</p> <div style="border: 1px dashed black; padding: 5px;"> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </div> <p>Previous School Name _____ City _____</p>
--	--

PARENT / GUARDIAN INFORMATION

<p>Last. First name _____</p> <p>Relationship _____</p> <p>Emergency Priority _____</p> <p>Parent/Guardian <input type="checkbox"/></p> <p>Emergency Contact <input type="checkbox"/></p> <p>Primary Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p> <p>E-mail Address _____</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p> </td> <td style="width: 50%; border-left: 1px dashed black; padding-left: 5px;"> <p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </td> </tr> </table>	<p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p>	<p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p>
<p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p>	<p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p>		

PARENT / GUARDIAN INFORMATION

<p>Last. First name _____</p> <p>Relationship _____</p> <p>Emergency Priority _____</p> <p>Parent/Guardian <input type="checkbox"/></p> <p>Emergency Contact <input type="checkbox"/></p> <p>Primary Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p> <p>E-mail Address _____</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p> </td> <td style="width: 50%; border-left: 1px dashed black; padding-left: 5px;"> <p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </td> </tr> </table>	<p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p>	<p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p>
<p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p>	<p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p>		

PARENT / GUARDIAN INFORMATION

<p>Last. First name _____</p> <p>Relationship _____</p> <p>Emergency Priority _____</p> <p>Parent/Guardian <input type="checkbox"/></p> <p>Emergency Contact <input type="checkbox"/></p> <p>Primary Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p> <p>E-mail Address _____</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p> </td> <td style="width: 50%; border-left: 1px dashed black; padding-left: 5px;"> <p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p> </td> </tr> </table>	<p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p>	<p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p>
<p>Legal Guardianship <input type="checkbox"/></p> <p>Lives with student <input type="checkbox"/></p> <p>Receive Grade Mailing <input type="checkbox"/></p> <p>Receive Conduct <input type="checkbox"/></p> <p>Mailing Receive Other <input type="checkbox"/></p> <p>Mailing Receive Email <input type="checkbox"/></p> <p>Contact has portal access <input type="checkbox"/></p>	<p>Property Address (if not living with student)</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____ <small>QS SEC RL TWSP REG MER</small></p> <p>Mailing Address (if different than student / property address)</p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p>		

**St. Walburg School
Student Information Verification**

Pupil No.:

Current Grade:

EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____
Emergency Contact 2 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____
Emergency Contact 3 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____

SIBLING INFORMATION

Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____

STUDENT MEDICAL ALERTS

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

CITIZENSHIP Country _____	Entry to Canada Date _____
CITIZENSHIP Country 2 _____	Citizenship Effective Date _____
Country of Birth _____	Home Language _____
Resident Type _____	HOME LANGUAGE 2 _____

ABORIGINAL ANCESTRY Inuit/Inuk Metis Non-Status-Indian Status-Indian

Living on Reserve Reserve of Residence _____ Band Affiliation _____

Parent / Guardian Signature _____ Date _____

CONFIDENTIAL ABORIGINAL SELF-DECLARATION FORM



Dear Parents and Guardians,

Our school division is working to build a better process of self-declaration for all students. You can choose to declare your children as First Nations, Métis or Inuit. We are asking for your support for this initiative. Please review, fill out and return the attached form to your child's school.

The data collected will be used by the Ministry of Education and our school division to help improve student achievement. It will be securely stored in strict confidence and only a limited number of Ministry and division staff members will have access to it.

Proof of documentation isn't required for declaration, but students under 19 do need parental consent. Please see the attached form and contact us with any questions. Declaration is a voluntary and confidential process and parents or guardians can revoke declaration at any point with a signed letter.

Thank you,

Duane Hauk
Director of Education

"Aboriginal peoples" is a collective name for original peoples of North America and their descendants. The Canadian constitution recognizes three distinct groups – First Nations, Métis and Inuit. Please check the box that best identifies your child:

Student Name: _____

School: _____

Grade: _____

Home Address: _____

Parent / Guardian: _____

Signature: _____

I have read this information.

Optional: Band name: _____

Status #: _____

First Nations / Registered / Treaty / Status – refers to an individual recognized by the federal government as being registered under The Indian Act

First Nations / Non-Registered / Non-Status – refers to a First Nations person who is not registered under The Indian Act

Métis – refers to a person of mixed First Nations and European ancestry who identifies as Métis, as distinct from First Nations, Inuit or non-Aboriginal

Inuit – refers to a person who identifies as Inuit, as distinct from First Nations, Métis or non-Aboriginal

Non-applicable