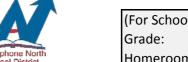**INSTRUCTIONS:**
This form is to verify that the information we
currently have on file is up to date and correct.
1. **Please review the information listed on both sides of this form**
2. **Fill in all applicable blanks**
3. **Please be sure to include a <u>correct email</u> address if you have one.**

(For School Use Only)
Grade:
Homeroom:
Bus In:
Bus Out:
½ Day Bus:

STUDENT INFORMATION		
Student's Name (Last) (First) (Middle)		
Date of Birth (MM/DD/YYYY): / /		
Student's Mother's Maiden Name:		
Birth Gender: ( )Female ( )Male	Identified Gender: ( )Female ( )Gender independent ( )Male	
Preferred Name:		
Student's Physical Address		
Street Address:		Apt:
Community:	Province:	Postal Code:
Student's Mailing Address - Same as Physical Address: ( )Yes ( )No (If No please complete below)		
Street Address:		Apt: P.O. Box:
Community:	Province:	Postal Code:
After School Information		
Does this student go home? ( )Yes ( )No		
Caregiver:	Relationship	Phone: ( ) -
Street Address:		Apt:
Community:	Province:	Postal Code:
Additional Student Information		
Home Phone: ( ) -		
Language spoken most often at home:		
Other language spoken regularly at home:		

Primary Student Contact (Parent/Guardian)		
Name (Last) (First)	Relationship:	
Contact Valid For: (check all that apply)		
[ ]School Closure [ ]Emergency [ ]Can Pick Up [ ]Parent/Guardian [ ]Mailing [ ]Lives With		
Phone 1: ( ) -	Ext: Type:	(e.g. Home, Mobile)
Phone 2: ( ) -	Ext: Type:	(e.g. Home, Mobile)
Phone 3: ( ) -	Ext: Type:	(e.g. Home, Mobile)
Employer:	Email Address: (Please use BLOCK LETTERS):	
Language First Learned:	_____	
Physical Address - Same as Student's Address above: ( )Yes ( )No (If No please complete below)		
Street Address:		Apt:
Community:	Province:	Postal Code:
Mailing Address - Same as Physical Address: ( )Yes ( )No (If No please complete below)		
Street Address:		Apt: P.O. Box:
Community:	Province:	Postal Code:

Secondary Student Contact (Parent/Guardian)		
Name (Last) (First)	Relationship:	
Contact Valid For: (check all that apply)		
[ ]School Closure [ ]Emergency [ ]Can Pick Up [ ]Parent/Guardian [ ]Mailing [ ]Lives With		
Phone 1: ( ) -	Ext: Type:	(e.g. Home, Mobile)
Phone 2: ( ) -	Ext: Type:	(e.g. Home, Mobile)
Phone 3: ( ) -	Ext: Type:	(e.g. Home, Mobile)
Employer:	Email Address: (Please use BLOCK LETTERS):	
Language First Learned:	_____	
Physical Address - Same as Student's Address above: ( )Yes ( )No (If No please complete below)		
Street Address:		Apt:
Community:	Province:	Postal Code:
Mailing Address - Same as Physical Address: ( )Yes ( )No (If No please complete below)		
Street Address:		Apt: P.O. Box:
Community:	Province:	Postal Code:

Parent/Guardian Signature: _____   Date: _____

Student Contact (Other/Emergency/Weather Closure)		
Name (Last) (First)		Relationship:
Contact Valid For: (check all that apply)		
[ ]School Closure [ ]Emergency [ ]Can Pick Up [ ]Parent/Guardian [ ]Mailing [ ]Lives With		
Phone 1: ( ) -	Ext: Type:	(e.g. Home, Mobile)
Phone 2: ( ) -	Ext: Type:	(e.g. Home, Mobile)
Phone 3: ( ) -	Ext: Type:	(e.g. Home, Mobile)
Employer:	Email Address: (Please use BLOCK LETTERS):	
Language First Learned:	_____	

Physical Address - Same as Student's Address above: ( )Yes ( )No (If No please complete below)		
Street Address:		Apt:
Community:	Province:	Postal Code:

Mailing Address - Same as Physical Address: ( )Yes ( )No (If No please complete the below)		
Street Address:		Apt: P.O. Box:
Community:	Province:	Postal Code:

Please use a separate sheet to add more contacts if required.

CUSTODY INFORMATION:

If there is a current, valid court order prohibiting access to this child, the responsibility rests with the custodial parent to provide the school with a copy of this document.

Please note: By law, schools are required to provide, on request from non-custodial parents, information about a student's education, except when a court order prohibiting access of a parent to a child exists.

Medical Information		
Medicare number:		
Dr. Name:	Dr. Phone: ( ) -	
Does this child have any life-threatening conditions (e.g. risk of anaphylactic shock)?	( )Yes ( )No	
If Yes, please describe:		
If Yes, has a plan been developed with the school for managing this condition?		
( )Yes ( )No --- If No, please contact the school to make an appointment.		
Does this child require an EpiPen®?		
( )Yes ( )No --- If Yes, ( )Junior - Between 33 and 65 lbs. OR ( )Regular - 66 lbs. or more		
Does this child have any other medical concerns of which the school should be aware?		
Is there any other information you would like us to have that would help us improve service to this child? (e.g. special services received, other professionals/agencies which are serving this child, etc.)		

Siblings	School Attending
Name (Last) (First)	
Name (Last) (First)	
Name (Last) (First)	

WHAT DO WE DO WITH STUDENT RECORDS?

In order to support learning, the public education system keeps a variety of information about students. Some of this information is kept permanently. It provides a record should it ever be needed in the individual's lifetime. This information includes: legal name, address, attendance, marks, credits obtained, graduation status, transcript of marks, etc.

Other types of information are also needed to provide a variety of services and supports to students. This second type of information is kept only as long as it is relevant to the services provided. It can include: standardized assessments, student work samples, clinical findings, comments of teachers or other professionals, health information, current disciplinary letter/interventions, appeal records, copies of probation or custody order, etc. Medicare numbers are used in emergency medical situations and are used as an identifier to make sure students' information is properly identified and can be retrieved when it is needed.

Use of student information falls into three categories: to help educators and other professionals provide direct service to the student; for research and plan activities that improve education or improve services related to overall student development; and for administrative purposes.

Security of personal information is very important to Anglophone North School District. If you have any questions regarding the use of personal information in the school system, please contact our District's RTIPPA Coordinator, at 778-6075.

Parent/Guardian Signature: _____ Date: _____