



La Passerelle Student Information Verification

Pupil No.:

Homeroom:

Teacher:

Student

Legal Last Name	_____	Home phone	_____	Unlisted	<input type="checkbox"/>
Legal First Name	_____	Cell Phone	_____		
Legal Middle Name(s)	_____	Student e-mail	_____		
Usual Last Name	_____	RR Number/PO Box	_____	Family Courier	<input type="checkbox"/>
Usual First Name	_____	Street Address	_____		
Usual Middle Name(s)	_____	City	Prov	PC	_____
Gender	_____	Mailing Address (if different than property address)	_____		
Date of birth	_____	Street Address	_____		
Personal Health No.	_____	RR Number/PO Box	_____		
		City	Prov	PC	_____
Previous School Name	_____		District	City	_____

PARENT / GUARDIAN INFORMATION

Last, First name	_____		Property Address (if not living with student)		
Relationship	_____		Street Address _____		
Parental authority or guardian	<input type="checkbox"/>	Lives with student	<input type="checkbox"/>	RR Number/PO Box _____	
Can pick up	<input type="checkbox"/>	Receive email	<input type="checkbox"/>	City _____ Prov _____ PC _____	
Receive mailings	<input type="checkbox"/>	Has portal access	<input type="checkbox"/>	Mailing Address (if different than student / property address)	
Receive autodialer calls	<input type="checkbox"/>			Street Address _____	
Home phone	_____		RR Number/PO Box _____		
Work Phone	_____	Ext	_____	City _____ Prov _____ PC _____	
Cell Phone	_____		E-mail Address _____		

PARENT / GUARDIAN INFORMATION

Last, First name	_____		Property Address (if not living with student)		
Relationship	_____		Street Address _____		
Parental authority or guardian	<input type="checkbox"/>	Lives with student	<input type="checkbox"/>	RR Number/PO Box _____	
Can pick up	<input type="checkbox"/>	Receive email	<input type="checkbox"/>	City _____ Prov _____ PC _____	
Receive mailings	<input type="checkbox"/>	Has portal access	<input type="checkbox"/>	Mailing Address (if different than student / property address)	
Receive autodialer calls	<input type="checkbox"/>			Street Address _____	
Home phone	_____		RR Number/PO Box _____		
Work Phone	_____	Ext	_____	City _____ Prov _____ PC _____	
Cell Phone	_____		E-mail Address _____		

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Last, First name	_____		Property Address (if not living with student)		
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Receive autodialer calls	<input type="checkbox"/>			Street Address _____	
Home phone	_____		RR Number/PO Box _____		
Work Phone	_____	Ext	_____	City _____ Prov _____ PC _____	
Cell Phone	_____		E-mail Address _____		



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

Emergency Contact 1 _____	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____
Emergency Contact 2 _____	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____
Emergency Contact 3 _____	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____
Out of district _____	Home phone _____ Cell Phone _____	Work Phone _____ Relationship _____	Ext _____

SCHOOL AGED SIBLING INFORMATION

Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		
Legal Last Name _____	Birthdate _____	Relationship _____
Legal First Name _____		

STUDENT LEGAL ALERTS

Court order on file?

Description _____

STUDENT MEDICAL ALERTS

Life Threatening? **Doctor's Name** _____ **Phone** _____

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

CITIZENSHIP (country) _____ **Visa Status** _____ **Expiration** _____

LANGUAGE At Home _____ Most Used _____ First _____

ABORIGINAL ANCESTRY Metis Inuit Status-On Reserve Status-Off Reserve Non-Status

Band of Origin _____ **Band of Residence** _____ **Status No.** _____

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

Parent / Guardian Signature _____ **Date** _____