



## Matthew McNair Secondary Student Information Verification

Pupil No.: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Teacher: \_\_\_\_\_

**STUDENT**

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

Previous School Name _____	District _____	City _____
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**PARENT / GUARDIAN INFORMATION**

Last, First name \_\_\_\_\_

Relationship \_\_\_\_\_

Male  Female  Parental authority or guardian

Can pick up  Lives with student

Receive mailings  Receive email

Receive autodialer calls  Has portal access

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Property Address** (if not living with student)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

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**Mailing Address** (if different than student / propertyAddress)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail address \_\_\_\_\_

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**Mailing Address** (if different than student / propertyAddress)

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RR Number/PO Box \_\_\_\_\_

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City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

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**Mailing Address** (if different than student / propertyAddress)

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RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail address \_\_\_\_\_



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Homeroom: \_\_\_\_\_

Teacher: \_\_\_\_\_

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

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

**SIBLING INFORMATION**

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

**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** Métis  Inuit  Status-On Reserve  Status-Off Reserve  Non-Status 

Band of Origin \_\_\_\_\_ 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 \_\_\_\_\_