



Sir Charles Tupper 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 Number/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) Street Address _____	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	RR Number/PO Box _____	
Date of birth _____	City _____	Prov _____ PC _____
Personal Health No. _____		

Previous School Name _____ District _____ City _____

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 _____

Mailing Address (if different than student / property address)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

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	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	_____
_____				_____	_____

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