



# Kitsilano Secondary School 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           | _____                    |
| 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           | _____                    |
| 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)**

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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, 2, 3, Out of district contact. Fields for Home phone, Cell Phone, Work Phone, and Relationship.

SIBLING INFORMATION

Five rows for sibling information. Fields for Legal Last Name, Legal First Name, Gender (Male/Female), Birthdate, and 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...

Parent / Guardian Signature Date