

Cabri School Student Information Verification

Pupil No.: _____

Current Grade: _____

Student

Legal Last Name _____
 Legal First Name _____
 Legal Middle Name(s) _____
 Preferred Last _____
 Preferred First _____
 Preferred Middle _____
 Gender _____ Date of birth _____
 Family Courier
 Primary Phone _____ Cell Phone _____
 Health Services No. _____ Alt. Health No. _____

Student Email _____
 MyCreds™ Email* _____
*Personal Email is only for grade 9 to 12 students.

Street Address _____
 City _____ Prov _____ PC _____
 Land Location _____
QS SEC RL TWSP REG MER

Mailing Address (if different than property address)
 Street Address _____
 RR Number/PO Box _____
 City _____ Prov _____ PC _____

Previous School Name _____ City _____

PARENT / GUARDIAN INFORMATION

Last. First name _____
 Relationship _____
 Emergency Priority _____
 Parent/Guardian Legal Guardianship
 Emergency Contact Lives with student
 Primary Phone _____ Receive Grade Mailing
 Cell Phone _____ Receive Conduct
 Work Phone _____ Mailing Receive Other
 Email Address _____ Mailing Receive Email
 Contact has portal access

Physical Address
 Street Address _____
 City _____ Prov _____ PC _____
 Land Location _____
QS SEC RL TWSP REG MER

Mailing Address (if different than student / property address)
 Street Address _____
 RR Number/PO Box _____
 City _____ Prov _____ PC _____

PARENT / GUARDIAN INFORMATION

Last. First name _____
 Relationship _____
 Emergency Priority _____
 Parent/Guardian Legal Guardianship
 Emergency Contact Lives with student
 Primary Phone _____ Receive Grade Mailing
 Cell Phone _____ Receive Conduct
 Work Phone _____ Mailing Receive Other
 Email Address _____ Mailing Receive Email
 Contact has portal access

Physical Address
 Street Address _____
 City _____ Prov _____ PC _____
 Land Location _____
QS SEC RL TWSP REG MER

Mailing Address (if different than student / property address)
 Street Address _____
 RR Number/PO Box _____
 City _____ Prov _____ PC _____

PARENT / GUARDIAN INFORMATION

Last. First name _____
 Relationship _____
 Emergency Priority _____
 Parent/Guardian Legal Guardianship
 Emergency Contact Lives with student
 Primary Phone _____ Receive Grade Mailing
 Cell Phone _____ Receive Conduct
 Work Phone _____ Mailing Receive Other
 Email Address _____ Mailing Receive Email
 Contact has portal access

Physical Address
 Street Address _____
 City _____ Prov _____ PC _____
 Land Location _____
QS SEC RL TWSP REG MER

Mailing Address (if different than student / property address)
 Street Address _____
 RR Number/PO Box _____
 City _____ Prov _____ PC _____

Cabri School
Student Information Verification

Pupil No.:

Current Grade:

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

Emergency Contact 1 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____
Emergency Contact 2 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____
Emergency Contact 3 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____

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 MEDICAL ALERTS

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

CITIZENSHIP Country _____	Entry to Canada Date _____
CITIZENSHIP Country 2 _____	Citizenship Effective Date _____
Country of Birth _____	Home Language _____
Resident Type _____	HOME LANGUAGE 2 _____

Indigenous Declaration Inuit/Inuk Metis Non-Status-Indian Status-Indian

Living on Reserve Reserve of Residence _____ Band Affiliation _____

Parent / Guardian Signature _____ Date _____