

**Herbert 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 \_\_\_\_\_

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 |
| <b>Mailing Address (if different than property address)</b> |                     |          |      |     |     |
| 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 |
| <b>Mailing Address (if different than student / property address)</b> |                     |          |      |     |     |
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**Physical Address**

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| RR Number/PO Box _____  |                     |          |      |     |     |
| City _____  | Prov _____          | PC _____ |      |     |     |

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Current Grade:

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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 _____ | Primary _____    | Work Phone _____ |
|                           | Cell Phone _____ | Relationsh _____ |
| Emergency Contact 2 _____ | Primary _____    | Work Phone _____ |
|                           | Cell Phone _____ | Relationsh _____ |
| Emergency Contact 3 _____ | Primary _____    | Work Phone _____ |
|                           | Cell Phone _____ | Relationsh _____ |

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**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 _____ |                 |                    |

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**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 _____            |

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

Living on Reserve       Reserve of Residence \_\_\_\_\_      Band Affiliation \_\_\_\_\_

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Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_