



# SCCHS STUDENT INFORMATION VERIFICATION FORM

## Section One- Student Information

### Student

Date: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female  Other  
Day / Month / Year

Current Grade: \_\_\_\_\_ Saskatchewan LID. \_\_\_\_\_ Birth Certificate Copy Attached \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal Land Description: \_\_\_\_\_  
QS SEC RL TWSP REG MER

Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

Previous School Name and City/Town: \_\_\_\_\_

## Section Two – Parent / Guardian / Emergency Contact / Sibling Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Guardianship: \_\_\_\_\_ Lives with Student: \_\_\_\_\_ Receive Grade Mailing: \_\_\_\_\_

Receive Conduct: \_\_\_\_\_ Receive Email: \_\_\_\_\_ Contact Portal Access: \_\_\_\_\_

### **Parent Information / Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Guardianship: \_\_\_\_\_ Lives with Student: \_\_\_\_\_ Receive Grade Mailing: \_\_\_\_\_

Receive Conduct: \_\_\_\_\_ Receive Email: \_\_\_\_\_ Contact Portal Access: \_\_\_\_\_

### **Parent Information / Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Guardianship: \_\_\_\_\_ Lives with Student: \_\_\_\_\_ Receive Grade Mailing: \_\_\_\_\_

Receive Conduct: \_\_\_\_\_ Receive Email: \_\_\_\_\_ Contact Portal Access: \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact 1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Sibling Information:**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Section Three – Medical / Emergency / Allergy Information / Citizenship / Ancestry**

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_ **Medical Information** (medications/allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Student Alerts** (Health, family or other informational)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Citizenship Country:** \_\_\_\_\_ **Citizenship Country 2** \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship Effective Date: \_\_\_\_\_

Entry to Canada Date: \_\_\_\_\_ Home Language: \_\_\_\_\_

Resident Type: \_\_\_\_\_ Home Language 2: \_\_\_\_\_

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**Aboriginal Ancestry:** Inuit/Inuk \_\_\_\_ Metis: \_\_\_\_ Non-Status Indian: \_\_\_\_ Status Indian: \_\_\_\_

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

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**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_