

**Waldeck Elementary and Junior High School  
Student Information Verification**

Pupil No.:

Current Grade:

**Student**

<p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Legal Middle Name(s) _____</p> <p>Preferred Last _____</p> <p>Preferred First _____</p> <p>Preferred Middle _____</p> <p>Gender _____ Date of birth _____</p> <p>Health Services No. _____ Alt. Health No. _____</p> <p>Student e-mail _____ Family Courier <input type="checkbox"/></p>	<p>Primary Phone _____ Cell Phone _____</p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____  <small>QS SEC RL TWSP REG MER</small></p> <p><b>Mailing Address (if different than property address)</b></p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p>
<p>Previous School Name _____ City _____</p>	

**PARENT / GUARDIAN INFORMATION**

<p>Last. First name _____</p> <p>Relationship _____</p> <p>Emergency Priority _____</p> <p>Parent/Guardian <input type="checkbox"/></p> <p>Emergency Contact <input type="checkbox"/></p> <p>Primary Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p> <p>E-mail Address _____</p>	<p>Legal Guardianship</p> <p><input type="checkbox"/> Lives with student</p> <p><input type="checkbox"/> Receive Grade Mailing</p> <p><input type="checkbox"/> Receive Conduct</p> <p><input type="checkbox"/> Mailing Receive Other</p> <p><input type="checkbox"/> Mailing Receive Email</p> <p><input type="checkbox"/> Contact has portal access</p>	<p><b>Property Address (if not living with student)</b></p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____  <small>QS SEC RL TWSP REG MER</small></p> <p><b>Mailing Address (if different than student / property address)</b></p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p>
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**PARENT / GUARDIAN INFORMATION**

<p>Last. First name _____</p> <p>Relationship _____</p> <p>Emergency Priority _____</p> <p>Parent/Guardian <input type="checkbox"/></p> <p>Emergency Contact <input type="checkbox"/></p> <p>Primary Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p> <p>E-mail Address _____</p>	<p>Legal Guardianship</p> <p><input type="checkbox"/> Lives with student</p> <p><input type="checkbox"/> Receive Grade Mailing</p> <p><input type="checkbox"/> Receive Conduct</p> <p><input type="checkbox"/> Mailing Receive Other</p> <p><input type="checkbox"/> Mailing Receive Email</p> <p><input type="checkbox"/> Contact has portal access</p>	<p><b>Property Address (if not living with student)</b></p> <p>Street Address _____</p> <p>City _____ Prov _____ PC _____</p> <p>Land Location _____  <small>QS SEC RL TWSP REG MER</small></p> <p><b>Mailing Address (if different than student / property address)</b></p> <p>Street Address _____</p> <p>RR Number/PO Box _____</p> <p>City _____ Prov _____ PC _____</p>
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Pupil No.:

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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 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 _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____

**STUDENT MEDICAL ALERTS**

Description \_\_\_\_\_

**OTHER STUDENT ALERTS - Health, family or other informational**

Description \_\_\_\_\_

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

**ABORIGINAL ANCESTRY**      Inuit/Inuk       Metis       Non-Status-Indian       Status-Indian

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

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