



**CONTACT INFORMATION**

**Mother** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (*if different from students*)

\_\_\_\_\_

Apt#	House #	Street Name	City	Postal Code
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Home Tel # \_\_\_\_\_ Work Tel # \_\_\_\_\_

Cell # \_\_\_\_\_ e-mail \_\_\_\_\_  
(Parent/Guardian)

**Father** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (*if different from students*)

\_\_\_\_\_

Apt#	House #	Street Name	City	Postal Code
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Home Tel # \_\_\_\_\_ Work Tel # \_\_\_\_\_

Cell # \_\_\_\_\_ e-mail \_\_\_\_\_  
(Parent/Guardian)

**Emergency Contact**

Name \_\_\_\_\_ Home Tel # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Cell # \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_ Tel # \_\_\_\_\_

Special Medical Concerns: Yes  No  Personal Health Care # \_\_\_\_\_

Info: \_\_\_\_\_

**Name of Person Student Lives with if NOT Parent/Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Email \_\_\_\_\_

Home Tel # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Language spoken at home:**  English  French  Other \_\_\_\_\_

**Is this student of First Nations or Metis ancestry?**  Yes  No

**Citizenship:**  Canadian  Permanent Resident  Landed Immigrant  Student Authorization

Expiry Date \_\_\_\_\_

**Place of birth:**  Canada: Province \_\_\_\_\_  Other: Country \_\_\_\_\_