



Custody/Living Arrangements:  Both Parents  Father  Mother  Joint Custody  
 Other (provide details): \_\_\_\_\_  
*(Please provide copies of legal documentation if applicable.)*

**PARENT/GUARDIAN INFORMATION**  
 Parent Type: \_\_\_ Mother \_\_\_ Father \_\_\_ Other: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Home Address: Living with student   
(specify address below if this parent is NOT living with the student)  
 \_\_\_\_\_  
 Street and Mailing City Prov Postal Code  
 Home Phone: \_\_\_\_\_ Unlisted   
 Place of employment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cellular Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 The above information will be used for emergency contact.

**PARENT/GUARDIAN INFORMATION**  
 Parent Type: \_\_\_ Mother \_\_\_ Father \_\_\_ Other: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Home Address: Living with student   
(specify address below if this parent is NOT living with the student)  
 \_\_\_\_\_  
 Street and Mailing City Prov Postal Code  
 Home Phone: \_\_\_\_\_ Unlisted   
 Place of employment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cellular Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 The above information will be used for emergency contact.

**Emergency Contact (other than Parent/Guardian)**  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street and Mailing City Prov Postal Code  
 Home Phone: \_\_\_\_\_ Unlisted   
 Place of employment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cellular Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Can this contact person pick up the student?  Yes  No

**Emergency Contact (other than Parent/Guardian)**  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street and Mailing City Prov Postal Code  
 Home Phone: \_\_\_\_\_ Unlisted   
 Place of employment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cellular Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Can this contact person pick up the student?  Yes  No

\*\*\* Note: If you wish to include additional emergency contacts – please provide the appropriate information on a separate sheet.

**MEDICAL INFORMATION**  
 CareCard No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's contact information required if student has a life-threatening condition.  
**Life Threatening Health Condition:**  Yes  No  
 If the student has a life-threatening health condition, **please arrange to meet with the school principal prior to the student attending school.**  
 The life-threatening health conditions that apply to this student are:  
 Anaphylactic or Severe Allergies to food or insect stings Allergen(s): \_\_\_\_\_  
 Asthma that has resulted in hospitalization in the past year \_\_\_\_\_  
 Blood Clotting Disorder (e.g. hemophilia) \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years \_\_\_\_\_  
 Serious Heart Condition (e.g. heart murmur, heart repair) \_\_\_\_\_  
 **Other** Health Conditions which may require emergency care – please specify: \_\_\_\_\_

**I certify that the information I have provided on this form is correct:**  
 \_\_\_\_\_  
 Signature of Parent/Guardian Date

*The information on this form is collected under the authority of the School Act. The information will be used for education program purposes and when required, may be provided to health services, social services, or other support services as outlined in the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of the school.*