



North East SD 200 Student Information

Pupil No.:

Current Grade:

Student

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

Previous School Name _____ City _____

PARENT / GUARDIAN INFORMATION

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

PARENT / GUARDIAN INFORMATION

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

PARENT / GUARDIAN INFORMATION

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

North East SD 200 Home School
Student Information Verification

Pupil No.:

Current Grade:

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 _____
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 _____

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

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

Living on Reserve Reserve of Residence _____ Band Affiliation _____

Parent / Guardian Signature _____ **Date** _____