**IMPORTANT INFORMATION:** All information provided on this form is collected under the authority of the *School Act, Section 13 and 79*. The information provided will be used for educational programs and administration purposes, and when required, may be provided to health services, social services or support services as outlined in *Section 79(2) of the School Act.* The information collected on this form will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act* and the *School Act*. If you have any questions about the information recorded on this form, please contact your school Administrator.

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| **SCHOOL: Merritt Secondary School** |

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| **STUDENT INFORMATION** | **PROPERTY PHYSICAL ADDRESS** |
| Legal Last Name: |  | Street # & Name: |  |
| Legal First Name: |  | Apt #: | Lot #: |
| Usual Last Name: |  | Municipality: |  |
| Preferred First Name: |  | Province: | Postal Code: |
| Middle Name: |  |  |  |
| Gender Identity (Please circle one) : Male / Female  | **MAILING ADDRESS** |
| Birthdate: | Age: | Box #: |  |
| Proof of Age (eg; Birth Certificate) |  | Municipality: |  |
| Home Phone: |  | Province: | Postal Code: |
|  |
| **PREVIOUS SCHOOL INFORMATION**  |
| Name: |  | Grade: |  |
| Address: |  | Phone: |  |
| City: |  |  |  |
| Province: |  |  |  |
|  |
| **IMMIGRATION STATUS**  |
| Country of Birth: |  | Date of Entry to Canada: |  |
| Citizenship: |  | Visa Expiry Date: |  |
| First Language: |  | Language Spoken at Home: |  |
|  |
| **PARENT/GUARDIAN** |
| 1) Relationship to Student: |  | 2) Relationship to Student: |  |
|  Last Name: |  |  Last Name: |  |
|  First Name: |  |  First Name: |  |
|  Home Phone Number: |  |  Home Phone Number: |  |
|  Are you living with Student: | Y / N (Please circle) |  Are you living with Student: | Y / N (Please circle) |
| If no above, please indicate your address: | If no above, please indicate your address: |
|  Are you an Emergency Contact: | Y / N (Please circle) |  Are you an Emergency Contact: | Y / N (Please circle) |
|  Place of Employment: |  |  Place of Employment: |  |
|  Work Phone: | Cell Phone: |  Work Phone: | Cell Phone: |
|  Can we call you at work: | Y / N (Please circle) |  Can we call you at work: | Y / N (Please circle) |
|  Parent Email: |  |  Parent Email: |  |
|  **LEGAL CUSTODY** (Please indicate if there are any legal custody issues for this student) Y / N |
|  Custody: (eg; Sole, Joint) |  |  Custody: (eg; Sole, Joint) |  |
|  Court Access to Child: | Y / N (Please circle) |  Court Access to Child: | Y / N (Please circle) |

**PLEASE NOTE**: In the case of custody issues please ensure that your school Principal is made aware of custody and access information relevant to your child and that legal documentation is provided (if applicable). These issues may be discussed with the Principal at any time and will be kept confidential within the school.

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| **ADDITIONAL EMERGENCY CONTACTS** |
| 1. Last Name:
 |  | 2) Last Name: |  |
|  First Name: |   |  First Name: |  |
|  Relationship: |  |  Relationship: |  |
|  Address: |  |  Address: |  |
|  Cell Phone: |  |  Cell Phone: |  |
|  Home Phone: |  |  Home Phone: |  |
|  Work Phone: |  |  Work Phone: |  |
|   |
| **MEDICAL INFORMATION** |
| Doctors Name: |  | Phone: | Care Card #: |
| 1. Allergies to:
 |  | Life Threatening? | Y / N |
| 1. Health Conditions:
 |  | Life Threatening? | Y / N |
| 1. Medication Required:
 |  | Taken while at school? | Y / N |
| **If you answered a,b,c above you are required to fill out *Medical Alert Planning Form*, and if applicable, *Request for Medication Administration in School Form.*** |
|  |
| **SIBLINGS** |
| 1) Last Name: |  | 2) Last Name: |  |
|  First Name: |  |  First Name: |  |
|  School: | Gender Identity: M / F |  School:  | Gender Identity: M / F |
|  Age: | Grade: |  Age: | Grade: |
| 3) Last Name: |  | 4) Last Name: |  |
|  First Name: |  |  First Name: |  |
|  School: | Gender Identity: M / F |  School:  | Gender Identity: M / F |
|  Age: | Grade: |  Age: | Grade: |
|  |
| **TRANSPORTATION – Bus Transportation is required for this student Y / N (please circle)** |
| Bus Route # or Location | Pickup Time (morning) | Arrival Time (afternoon) | Stop Description |
| 1) |  |  |  |
|  |
| **ANCESTRY INFORMATION (Please circle as applicable)** |
| First Nations Ancestry: Y / N | Status: Y / N | Non Status: Y / N | Metis: Y / N | Inuit: Y / N |
|  | Band Name: | Band Number: |
| Living on Reserve: Y / N | Band of Residence: | DIA#: |
| Permission for release information to Band of Residence? Y / N |  |
| Permission to provide Aboriginal support services to Indigenous student? Y / N |
|  |
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| I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,certify that the information on this form is correct. |
|  |  |  |
| Parent/Guardian Signature |  | Date |