

Report Title: **Student Information Verification Form**

User name: **NV10884**

Sequence: **Alpha**

Extract Version: **SISRpts**

Grade: **All**

Extract Created On: **2009-10-30 01:12 pm**

School: **4444020 Balmoral Jr Sec NVan**

School Year: **2009/2010**

Students currently enrolled (includes cross enrolled) at Balmoral Jr Sec NVan

Student Information Verification Form

Hrm/Teacher -

STUDENT

Pupil No
Legal Last Name
Legal First Name
Usual Last Name
Preferred First Name
Middle Name
Gender
Birth Date
Proof Of Age
Home Phone No.

PROPERTY ADDRESS

Street# & Name
Complex Name
Municipality
State/Prov
X-Boundary
Proof Of Addr.

MAILING ADDRESS

Same As Property Address
Legal District

ADMISSION INFORMATION

Reason
Date
Status
Parental Authority for School Journeys

PREVIOUS SCHOOL/DISTRICT

District
Previous School
Address

ALTERNATE ADDRESSES (For Transportation - Eligibility to be determined by the Board / District)

Street # Name Apt. Municipality Contact Name Contact Phone
1.
2.

PARENT/GUARDIAN

Custody Living with Court Access

1. Relationship

Last Name
First name
Living With Student
Same as Student Addr ?
Address

2.

Last Name
First name
Living With Student
Same as Student Addr ?
Address

Language
Speaks English
Copy of Correspondence
Willing to Volunteer
Work/ Employment
Occupation
Work Phone No.
Available At Work
Home Phone No.
Cellular Phone No.
Fax #.
Pager #.
E-mail Address
Additional Information

Language
Speaks English
Copy of Correspondence
Willing to Volunteer
Work/ Employment
Occupation
Work Phone No.
Available At Work
Home Phone No.
Cellular Phone No.
Fax #.
Pager #.
E-mail Address



# Student Information Verification Form

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### ABORIGINAL ANCESTRY INFORMATION

Aboriginal Ancestry  Inuit  Metis  Non-Status  Status - Off Reserve  Status - On Reserve

Band of Residence Name \_\_\_\_\_

Band of Residence Number \_\_\_\_\_

### PROGRAM

Current Program

### MEDICAL

Doctor's Name \_\_\_\_\_ Phone. \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Care Card # \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Allergies / Health Conditions

Life Threatening? \_\_\_\_\_ (Y/N) Other \_\_\_\_\_

Health Factors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SIBLINGS

Pupil No.	1.	2.	3.	4.
Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Age	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Gender	_____ (M/F)	_____ (M/F)	_____ (M/F)	_____ (M/F)
School	_____	_____	_____	_____

### TRANSPORTATION

	Bus Route #	Stop Type	Stop Time	M	T	W	T	F	S	Stop Desc
1	_____	_____	_____	_____	_____	_____	_____	_____	_____	(Y/N) _____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	(Y/N) _____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	(Y/N) _____

### MEMO

I certify that the information on this form is correct.

\_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE