**BC STUDENT INFORMATION VERIFICATION FORM REPORT**

**DEMOGRAPHICS**

Legal Last Name Student Contact Cell No.

Legal First Name Student Email Address

Legal Middle Name Home Street Address

Usual Last Name Physical 911 Address

Usual First Name City Prov \_\_\_\_\_\_ PC \_\_\_\_\_\_

Usual Middle Name

Gender MALE  FEMALE  **Mailing address if not the same:**

Date of Birth Street Address

Proof of Age RR Number/PO Box

Care Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number  City Prov \_\_\_\_\_\_ PC **\_\_\_\_\_\_**

Previous School District No. Current Teacher

Current School Grade Care Card No. ­

Current Home Room

**PARENT/GUARDIAN INFORMATION**

Name Contact can pick up?

Gender MALE  FEMALE  Receive Mailings?

Relationship Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Authority or Guardian?  Work No. Cell No. Home Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Lives with Student?  Email

Address if Different from Student

Comment (e.g. Custody) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Contact can pick up?

Gender MALE  FEMALE  Receive Mailings?

Relationship Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Authority or Guardian? Work No. Cell No.

Contact Lives with Student: Email

If address is different, proof of BC residency of Parent/Guardian must be provided. (e.g. Utility Bill, Care Card). The custodial parent must be a resident of BC.

**EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT**

Contact 1 Work No. Cell No. Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact 2 Work No. Cell No. Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIBLING INFORMATION**

Name Sibling School Grade

Sibling Phone Grade

Name Sibling School Grade

Sibling Phone Grade

Name Sibling School Grade

Sibling Phone Grade

**STUDENT LEGAL ALERTS – Court Order on File?**

Description

**STUDENT MEDICAL ALERTS – Life Threatening?**

Description

**OTHER STUDENT ALERTS – Health, Family or other Information**

Description

**CITIZENSHIP**

Country of Birth Visa Status

Country of Citizenship Visa Expiration Date

**LANGUAGE AND CULTURE**

Home Language Aboriginal Ancestry Aboriginal Program

Language Most Used Status Card Number

First Language Band of Residence

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative 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 protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

I declare the information that I have provided is complete and accurate.

Parent / Guardian Signature Date

**NOTE: Authorization for new students to begin attending classes may be provided following contact with the previous school. Until we have received information from the previous school(s) the students may not be allowed to attend classes and may be provided with school work to be completed at home.**