



School District No.59 (Peace River South)

School Name: _____

School Year: _____

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 _____

Legal Gender _____ Preferred Gender _____

Mailing address if not the same: _____

Date of Birth _____ Street Address _____

Proof of Age _____ RR Number/PO Box _____

Home Phone Number _____ City _____ Prov _____ PC _____

Care Card Number _____ Is your child immunized? Yes No

Previous School _____ District No. _____ Previous Teacher _____

Current School _____ Grade _____ Care Card No. _____

PARENT/GUARDIAN INFORMATION

Name _____ Contact can pick up?

Receive Mailings?

Relationship _____ Home Phone Number _____

Parental Authority or Guardian? Work No. _____ Cell No. _____

Contact Lives with Student? Email _____

Address if Different from Student _____

Comment (e.g. Custody) _____

Name _____ Contact can pick up?

Receive Mailings?

Relationship _____ Home Phone Number _____

Parental Authority or Guardian? Work No. _____ Cell No. _____

Contact Lives with Student: Email _____

Address if Different from Student _____

Comment (e.g. Custody) _____

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.