Birchland Elementary
Student Information Verification

November 13, 2025

Pupil No.: Homeroom: Teacher:

Student

Legal Last Name

Legal First Name

Legal Middle Name(s)

Usual Last Name

Usual First Name

Usual Middle Name(s)

Date of birth

Personal Health No.

Student Home Phone Unlisted ☐

Student Cell Phone

Student e-mail

RR Number/PO Box Family Courier ☐

Street Address

City Prov PC

Mailing Address (if different than property address)

Street Address

RR Number/PO Box

City Prov PC

Previous School Name District City

PARENT / GUARDIAN INFORMATION

Last, First name

Relationship

Parental authority or guardian ☐ Lives with student ☐

Can pick up ☐ Receive email ☐

Receive mailings ☐ Has portal access ☐

Receive autodialer calls ☐

Home Phone

Work Phone Ext

Cell Phone

Property Address

Street Address

RR Number/PO Box

City Prov PC

Mailing Address (if different than property address)

Street Address

RR Number/PO Box

City Prov PC

E-mail Address

PARENT / GUARDIAN INFORMATION

Last, First name

Relationship

Parental authority or guardian ☐ Lives with student ☐

Can pick up ☐ Receive email ☐

Receive mailings ☐ Has portal access ☐

Receive autodialer calls ☐

Home Phone

Work Phone Ext

Cell Phone

Property Address

Street Address

RR Number/PO Box

City Prov PC

Mailing Address (if different than property address)

Street Address

RR Number/PO Box

City Prov PC

E-mail Address

PARENT / GUARDIAN INFORMATION

Last, First name

Relationship

Parental authority or guardian ☐ Lives with student ☐

Can pick up ☐ Receive email ☐

Receive mailings ☐ Has portal access ☐

Receive autodialer calls ☐

Home Phone

Work Phone Ext

Cell Phone

Property Address

Street Address

RR Number/PO Box

City Prov PC

Mailing Address (if different than property address)

Street Address

RR Number/PO Box

City Prov PC

E-mail Address

Birchland Elementary
Student Information Verification

November 13, 2025

Pupil No.: Homeroom: Teacher:

EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1		Home Phone		Work Phone		Ext	
Can pick up	☐	Cell Phone		Relationship			
Emergency Contact 2		Home Phone		Work Phone		Ext	
Can pick up	☐	Cell Phone		Relationship			
Emergency Contact 3		Home Phone		Work Phone		Ext	
Can pick up	☐	Cell Phone		Relationship			
Out of district		Home Phone		Work Phone		Ext	
Can pick up	☐	Cell Phone		Relationship			

SCHOOL AGED SIBLING INFORMATION

Legal Last Name		Birthdate	
Legal First Name		Relationship	
Legal Last Name		Birthdate	
Legal First Name		Relationship	
Legal Last Name		Birthdate	
Legal First Name		Relationship	
Legal Last Name		Birthdate	
Legal First Name		Relationship	
Legal Last Name		Birthdate	
Legal First Name		Relationship	

STUDENT LEGAL ALERTS **Court order on file?** ☐

Description

STUDENT MEDICAL ALERTS **Life Threatening?** ☐

Description

OTHER STUDENT ALERTS - Health, family or other informational

Description

CITIZENSHIP (country) Visa Status Expiration

LANGUAGE At Home Most Used First

ABORIGINAL ANCESTRY Metis ☐ Inuit ☐ Status-On Reserve ☐ Status-Off Reserve ☐ Non-Status ☐

Band of Origin Band of Residence Status No.

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.

Parent / Guardian Signature **Date**