



### Student Information

Gender: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Usual Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_  None

Date of Birth: \_\_\_\_\_

Proof of Age Provided, for File:  \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Property Address

Street: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parent/Guardian Contact #2

Relationship to Child: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Living with Student?  Different address from Student:

Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_  Available at Work

E-mail Address: \_\_\_\_\_

*If parents/guardians do not wish to receive email notifications from the school, please notify the school in writing.*

### Custody Information

Is there a Court Order in effect?  Yes  No

If yes:  Parental  Ministry

If Ministry:  Continuing Custody Order  Temporary Custody Order  Voluntary Custody Order

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Emergency Contacts (Other than Parent/Guardian)

**Note:** Parents should contact all emergency contacts listed below to ensure that they know they are being listed as an emergency contact.

### Emergency Contact #1

Relationship to Child: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Permission to pick up student:  Yes  No

### Emergency Contact #2

Relationship to Child: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Permission to pick up student:  Yes  No

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## Medical Information

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ BC Services Card #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Life Threatening

Other Health Factors: \_\_\_\_\_ Life Threatening

Is this child currently on medication:  Yes  No If yes, describe: \_\_\_\_\_

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## Alternate Contacts

**Note:** Alternate Contacts are individuals/organizations who will be picking the student up or dropping the student off.

Pick Up  Drop Off

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Pick Up  Drop Off

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_