



# STUDENT INFORMATION FORM 2023–24

PLEASE USE PRINT WHEN COMPLETING FORM

FAMILY NAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

GENDER:  Male  Female

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YEAR MONTH DAY

ADDRESS: No: \_\_\_\_\_ Street Name: \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

HOME TEL. #: \_\_\_\_\_

**Mother (Guardian) Information:**

**Father (Guardian) Information:**

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

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

Work Tel #: \_\_\_\_\_

Work Tel #: \_\_\_\_\_

Cell Tel #: \_\_\_\_\_

Cell Tel #: \_\_\_\_\_

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

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

STUDENT LIVES WITH:  Father & Mother  Father only  Mother only  Guardian

**EMERGENCY CONTACT # 1: (Person who is available during the day)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

**EMERGENCY CONTACT # 2: (Person who is available during the day)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

**SIBLINGS:**

Does your child have brothers or sisters attending East Hill Elementary School? No  Yes

If yes, please list their names and grade levels below:

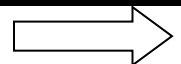
Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**DISMISSAL INFORMATION:**

After school my child will be:

Attending Daycare  Walking/Picked Up  Bussed (my child has a valid 2022-23 bus pass)

**PERSONS AUTHORIZED TO PICK UP STUDENT:**

**PERSON AUTHORIZED # 1:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

**PERSON AUTHORIZED # 2:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

**PERSON AUTHORIZED # 3:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

**PERSON AUTHORIZED # 4:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

**EMERGENCY SCHOOL CLOSING INFORMATION:**

- My child may be sent home in the usual manner
- My child will be picked up from the emergency shelter site stipulated in the school agenda
- My child has instructions to go to a neighbour, friend etc...:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

- **PLEASE MAKE A COPY OF THIS FORM AND RETAIN FOR YOUR RECORDS.**
- **ANY CHANGES TO THE INFORMATION CONTAINED IN THIS FORM MUST BE COMMUNICATED TO THE SCHOOL IMMEDIATELY.**
- **PLEASE NOTE THAT A NEW FORM MUST BE COMPLETED EACH TIME A CHANGE IS MADE TO YOUR CHILD'S INFORMATION.**

Name of Parent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YEAR MONTH DAY