



STUDENT INFORMATION FORM 2024-25

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: _____

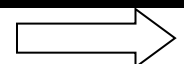
Home Tel #: _____ Cell Tel #: _____

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 2024-25 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