

**Kinistino Public School
Student Information Verification**

Pupil No.:

Current Grade:

Student

Legal Last Name	Primary Phone	Cell Phone
Legal First Name	Street Address	
Legal Middle Name(s)	City _____ Prov _____ PC _____	
Preferred Last	Land Location _____	
Preferred First	<input type="checkbox"/> QS <input type="checkbox"/> SEC <input type="checkbox"/> RL <input type="checkbox"/> TWSP <input type="checkbox"/> REG <input type="checkbox"/> MER	
Preferred Middle	Mailing Address (if different than property address)	
Gender _____ Date of birth _____	Street Address _____	
Health Services No. _____ Alt. Health No. _____	RR Number/PO Box _____	
Student e-mail _____ Family Courier <input type="checkbox"/>	City _____ Prov _____ PC _____	
Previous School Name _____	City _____	

PARENT / GUARDIAN INFORMATION

Last. First name	Property Address (if not living with student)	
Relationship	Street Address _____	
Emergency Priority	City _____ Prov _____ PC _____	
Parent/Guardian <input type="checkbox"/>	Land Location _____	
Emergency Contact <input type="checkbox"/>	<input type="checkbox"/> QS <input type="checkbox"/> SEC <input type="checkbox"/> RL <input type="checkbox"/> TWSP <input type="checkbox"/> REG <input type="checkbox"/> MER	
Primary Phone	Mailing Address (if different than student / property address)	
Cell Phone	Street Address _____	
Work Phone	RR Number/PO Box _____	
E-mail Address	City _____ Prov _____ PC _____	
Legal Guardianship <input type="checkbox"/>		
Lives with student <input type="checkbox"/>		
Receive Grade Mailing <input type="checkbox"/>		
Receive Conduct <input type="checkbox"/>		
Mailing Receive Other <input type="checkbox"/>		
Mailing Receive Email <input type="checkbox"/>		
Contact has portal access <input type="checkbox"/>		

PARENT / GUARDIAN INFORMATION

Last. First name	Property Address (if not living with student)	
Relationship	Street Address _____	
Emergency Priority	City _____ Prov _____ PC _____	
Parent/Guardian <input type="checkbox"/>	Land Location _____	
Emergency Contact <input type="checkbox"/>	<input type="checkbox"/> QS <input type="checkbox"/> SEC <input type="checkbox"/> RL <input type="checkbox"/> TWSP <input type="checkbox"/> REG <input type="checkbox"/> MER	
Primary Phone	Mailing Address (if different than student / property address)	
Cell Phone	Street Address _____	
Work Phone	RR Number/PO Box _____	
E-mail Address	City _____ Prov _____ PC _____	
Legal Guardianship <input type="checkbox"/>		
Lives with student <input type="checkbox"/>		
Receive Grade Mailing <input type="checkbox"/>		
Receive Conduct <input type="checkbox"/>		
Mailing Receive Other <input type="checkbox"/>		
Mailing Receive Email <input type="checkbox"/>		
Contact has portal access <input type="checkbox"/>		

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Last. First name	Property Address (if not living with student)	
Relationship	Street Address _____	
Emergency Priority	City _____ Prov _____ PC _____	
Parent/Guardian <input type="checkbox"/>	Land Location _____	
Emergency Contact <input type="checkbox"/>	<input type="checkbox"/> QS <input type="checkbox"/> SEC <input type="checkbox"/> RL <input type="checkbox"/> TWSP <input type="checkbox"/> REG <input type="checkbox"/> MER	
Primary Phone	Mailing Address (if different than student / property address)	
Cell Phone	Street Address _____	
Work Phone	RR Number/PO Box _____	
E-mail Address	City _____ Prov _____ PC _____	
Legal Guardianship <input type="checkbox"/>		
Lives with student <input type="checkbox"/>		
Receive Grade Mailing <input type="checkbox"/>		
Receive Conduct <input type="checkbox"/>		
Mailing Receive Other <input type="checkbox"/>		
Mailing Receive Email <input type="checkbox"/>		
Contact has portal access <input type="checkbox"/>		

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

Emergency Contact 1 _____	Primary Phone _____	Work Phone _____	
	Cell Phone _____	Relationship _____	
Emergency Contact 2 _____	Primary Phone _____	Work Phone _____	
	Cell Phone _____	Relationship _____	
Emergency Contact 3 _____	Primary Phone _____	Work Phone _____	
	Cell Phone _____	Relationship _____	

SIBLING INFORMATION

Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____

STUDENT MEDICAL ALERTS

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

CITIZENSHIP Country _____	Entry to Canada Date _____
CITIZENSHIP Country 2 _____	Citizenship Effective Date _____
Country of Birth _____	Home Language _____
Resident Type _____	HOME LANGUAGE 2 _____

ABORIGINAL ANCESTRY Inuit/Inuk Metis Non-Status-Indian Status-Indian

Living on Reserve Reserve of Residence _____ Band Affiliation _____

Parent / Guardian Signature _____ Date _____



Local Authority Freedom of Information and

Protection of Privacy Access to Information Request Form

1. I give permission for my child to participate in low risk educational activities that occur during normal school hours away from the school grounds. I understand that the activities will be connected to educational objectives. The school will inform me by written note or telephone call when a trip will occur. Yes No
2. **Local Authority Freedom of Information Protection (LAFOIP).** *Please read the LAFOIP brochure.* I give my permission for my child's personal information (name, grade, school), photo, video recording, and/or work to be displayed beyond the school or school division and know that it will be accessible to the public through a posting, publication, or internet website. (An example: The publication of your child's picture in the local newspaper or social media.) Yes No

The LAFOIP brochure is available at the school or online at www.srsd119.ca. (Click on Parent Information)

SIGNATURE REQUIRED

I hereby declare that I have read and understood the information contained on the Student Registration Form and that the information I have provided is correct. I understand it is my responsibility to inform the school of any changes to the information contained on this form.

Date

Signature of Parent or Guardian