



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

**PARENT AND CONTACT INFORMATION:** (\* Information is mandatory only for Mother, Father or Legal Guardian)

Is child in custody of both parents?  YES  NO

If no, state who has legal custody and provide supporting documentation: \_\_\_\_\_

**PARENT / GUARDIAN 1**

Title	Surname	First Name	Middle Name

Male  Female

Address (if different from student):

Street Number	Street Name	Apt #	City	Province	Postal Code

Relationship to Student: \_\_\_\_\_

**Phone Numbers**

Phone Number (Parent/Guardian 1)	Ext.	Phone Type	Unlisted?	Priority

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

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

\* Citizenship:  CANADIAN  OTHER

If OTHER, please specify status in Canada: \_\_\_\_\_

<input type="checkbox"/> Guardian	<input type="checkbox"/> Receives Mail
<input type="checkbox"/> Custody	<input type="checkbox"/> Access to Records
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks School Language

Emergency Contact Priority:	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>
School Closure Priority:	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>

**PARENT / GUARDIAN 2**

Title	Surname	First Name	Middle Name

Male  Female

Address (if different from student):

Street Number	Street Name	Apt #	City	Province	Postal Code

Relationship to Student: \_\_\_\_\_

**Phone Numbers**

Phone Number (Parent/Guardian 2)	Ext.	Phone Type	Unlisted?	Priority

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

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

\* Citizenship:  CANADIAN  OTHER

If OTHER, please specify status in Canada: \_\_\_\_\_

<input type="checkbox"/> Guardian	<input type="checkbox"/> Receives Mail
<input type="checkbox"/> Custody	<input type="checkbox"/> Access to Records
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks School Language

Emergency Contact Priority:	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>
School Closure Priority:	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>

**ALTERNATE CONTACT** (Please provide an alternate contact for emergency or inclement weather situations, in case parent/guardian is unavailable.)

Title	Surname	First Name	Middle Name

Male  Female

Address (if different from student):

Street Number	Street Name	Apt #	City	Province	Postal Code

Relationship to Student: \_\_\_\_\_

**Phone Numbers**

Phone Number (Alternate Contact)	Ext.	Phone Type	Unlisted?	Priority

<input type="checkbox"/> Guardian	<input type="checkbox"/> Receives Mail
<input type="checkbox"/> Custody	<input type="checkbox"/> Access to Records
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Speaks School Language

Emergency Contact Priority:	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>
School Closure Priority:	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>

I certify that the information contained herein is accurate.

I understand that it is my responsibility to notify the school immediately, if any information changes.

I authorize the release of my child's sacramental and demographic information to the local parish.

I authorize the release of my child's information to Chatham-Kent Lambton Administrative School Services for transportation purposes.

I authorize the release of my child's demographic information to the local health unit, and in the case of an emergency, to the hospital or health officials as required. (Note - Under the Immunization of School Pupils Act, 1996, every child who goes to school in Ontario must provide proof of immunization or file the appropriate exemption with the medical officer of health. The Public Health Division is required by law to keep immunization records on every student.)

I hereby understand and agree that unless we have provided specific written instructions to the School Board providing details of procedures to be followed in the event of an emergency medical situation, school personnel are hereby authorized to take my child directly to the hospital or to call an ambulance to do so and to administer emergency medical care as needed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_