

Upper Grand District School Board Student Verification v. 22

Student

Name of Student:
Surname Legal Surname OEN (Office Use Only)

Address of Student:
Given Name Middle Name Usual Name Date Of Birth MM/DD/YYYY Gender

House # Apt./Unit Street Name/Road Name/Line Name City/Town Postal Code

Phone Number: Area Code RR # Box Township/Munic. No Phone Unlisted

With whom does the child live? Both Parents Special Custody? (Y/N)
Court Order Received (Y/N) Child's First Language

Legal Guardian:
Date of Arrival in Canada MM/DD/YYYY Country of Birth

Parent

Address Same as Student's

Surname Given Name Area Code Home #

House # Apt./Unit Street Name/Road Name/Line Name City/Town Postal Code

RR # Box Lot Con Township/Munic. Email Address

Employer Area Code Work # Ext. Area Code Cell #

Parent

Address Same as Student's

Surname Given Name Area Code Home #

House # Apt./Unit Street Name/Road Name/Line Name City/Town Postal Code

RR # Box Lot Con Township/Munic. Email Address

Linamar Gear Employer Area Code Work # Ext. Area Code Cell #

Legal Guardian

Address Same as Student's

Surname Given Name Area Code Home #

House # Apt./Unit Street Name/Road Name/Line Name City/Town Postal Code

RR # Box Lot Con Township/Munic. Email Address

Employer Area Code Work # Ext. Area Code Cell #

Siblings & DOB:

Emergency Contact:
Name(s) & date of birth of siblings Area Code Phone #

(Must be Local) Sitter:
Name Area Code Phone #

Health Information:
Comments/Medication Considered Life Threatening? (Y/N)

I have read this page and take full responsibility to inform the school of any changes in my child's information.

Signature:
Signature of Parent/Guardian/Student 18+ Date

Administration: Date of corrections in Maplewood (m/d/y) Initials

Teacher **Homeroom** **Grade** **Version 22**