

SHERWOOD SECONDARY SCHOOL

CHANGE OF STUDENT INFORMATION

STUDENT INFORMATION

eSIS Pupil # _____ Gender: _____

Legal Last Name: _____ Legal First Name: _____

Usual Last Name: _____ Preferred First Name: _____

Birth Date: (DD)____(MM)____(YY)____ Proof of Age: _____

Home Phone Number: _____ Listed Unlisted

Address: _____

Apt# Street Address City Postal Code:

Mailing Address (if different from above): _____

PARENT INFORMATION

Who do you live with? Parents Guardian Other Mother Father Self

Custody: Joint Mother Father Guardian N/A

Father: _____

Last Name	First Name	Address if Different from Student	Employer	Phone Number
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Mother: _____

Last Name	First Name	Address if Different from Student	Employer	Phone Number
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Guardian: _____

Last Name	First Name	Address if Different from Student	Employer	Phone Number
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EMERGENCY CONTACT INFORMATION – you must complete this section

In the event of an emergency, please provide the names of two people that we may contact during the school day:
(indicate whether the telephone number is home, cell, business or pager)

First & Surname of Emergency Contact	Relationship to Student	Daytime Telephone Number
		Home <input type="checkbox"/> business <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/>
		Home <input type="checkbox"/> business <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/>
First & Surname of Emergency Contact	Relationship to Student	Daytime Telephone Number
		Home <input type="checkbox"/> business <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/>
		Home <input type="checkbox"/> business <input type="checkbox"/> cell <input type="checkbox"/> pager <input type="checkbox"/>

COMPLETED BY: _____

DATE: _____