

SHERWOOD SECONDARY SCHOOL CHANGE OF STUDENT INFORMATION

PLEASE ONLY FILL OUT SECTIONS WHERE CHANGES ARE NEEDED

STUDENT INFORMATION

Pupil # _____ Birth Date: (DD) _____ (MM) _____ (YY) _____
 Legal Last Name: _____ Legal First Name: _____
 Usual Last Name: _____ Preferred First Name: _____
 Home Phone Number: _____ Listed Unlisted
 Address: _____

Apt# _____ Street Address _____ City _____ Postal Code _____

Mailing Address (if different from above): _____

Apt# _____ Street Address _____ City _____ Postal Code _____

PARENT INFORMATION

Who do you live with? (circle one) Both Parents Guardian Foster Parent Mother Father Self (over 18)
 Custody: (circle one) Joint custody Mother only Father only CAS Catholic CAS CAS (other) Guardian N/A
PLEASE NOTE IF CUSTODY IS CHANGING, SUPPORTING DOCUMENTATION IS REQUIRED

Contact 1: _____
 Last Name First Name Address if Different from Student Employer Phone Number
 Email Address Relation to Student

Contact 2: _____
 Last Name First Name Address if Different from Student Employer Phone Number
 Email Address Relation to Student

Contact 3: _____
 Last Name First Name Address if Different from Student Employer Phone Number
 Email Address Relation to Student

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact	Relationship to Student	Daytime Telephone Number & Email Address
Last Name First Name		Home <input type="checkbox"/> business <input type="checkbox"/> cell <input type="checkbox"/> email address
Last Name First Name		Home <input type="checkbox"/> business <input type="checkbox"/> cell <input type="checkbox"/> email address

MEDICAL/HEALTH INFORMATION

Do you have any medical, allergy, or dietary conditions to be observed? Yes No

If yes, please indicate: _____

Is this condition life threatening? Yes No

Epi Pen Required? Please provide details: _____

Signature: _____ Date: _____

Changes to Parent Information to be confirmed by a Guidance Counsellor
1. Guidance Counsellor **2. Data Administrator** **3. File OSR**