

O.M. Irwin School Student Information Verification

Pupil No.:

Current Grade:

Student

Legal Last Name _____

Legal First Name _____

Legal Middle Name(s) _____

Preferred Last _____

Preferred First _____

Preferred Middle _____

Gender _____ Date of birth _____

Family Courier

Primary Phone _____ Cell Phone _____

Student Email _____

MyCreds™ Email* _____

*Personal Email is only for grade 9 to 12 students.

Street Address _____

City _____ Prov _____ PC _____

Land Location _____

QS SEC RL TWSP REG MER

Mailing Address (if different than property address)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

Previous School Name _____ City _____

PARENT / GUARDIAN INFORMATION

Last. First name _____

Relationship _____

Emergency Priority _____

Parent/Guardian

Emergency Contact

Primary Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

Legal Guardianship

Lives with student

Receive Grade Mailing

Receive Conduct

Mailing Receive Other

Mailing Receive Email

Contact has portal access

Physical Address

Street Address _____

City _____ Prov _____ PC _____

Land Location _____

QS SEC RL TWSP REG MER

Mailing Address (if different than student / property address)

Street Address _____

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City _____ Prov _____ PC _____

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Current Grade:

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

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

SIBLING INFORMATION

Legal Last Name _____	Birthdate _____
Legal First Name _____	Relationship _____
Legal Last Name _____	Birthdate _____
Legal First Name _____	Relationship _____
Legal Last Name _____	Birthdate _____
Legal First Name _____	Relationship _____
Legal Last Name _____	Birthdate _____
Legal First Name _____	Relationship _____
Legal Last Name _____	Birthdate _____
Legal First Name _____	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 _____

Indigenous Declaration Inuit/Inuk Metis Non-Status-Indian Status-Indian

Living on Reserve Reserve of Residence _____ Band Affiliation _____

Parent / Guardian Signature _____ Date _____