



STUDENT INFORMATION FORM 2026–27

PLEASE USE PRINT WHEN COMPLETING FORM

FAMILY NAME: _____ GIVEN NAME: _____

GENDER: ☐ Male ☐ Female

DATE OF BIRTH: _____ / _____ / _____
YEAR MONTH DAY

ADDRESS: No: _____ Street Name: _____

City _____ Postal Code _____

HOME TEL. #: _____

Parent 1 (Guardian) Information:

Parent 2 (Guardian) Information:

Name: _____ Name: _____

Work Tel #: _____ Work Tel #: _____

Cell Tel #: _____ Cell Tel #: _____

E-mail: _____ E-mail: _____

STUDENT LIVES WITH: ☐ Parent 1 & 2 ☐ Parent 1 only ☐ Parent 2 only ☐ Guardian

EMERGENCY CONTACT # 1: (Person who is available during the day)

Name: _____ Relationship: _____

Home Tel #: _____ Cell Tel #: _____

EMERGENCY CONTACT # 2: (Person who is available during the day)

Name: _____ Relationship: _____

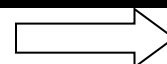
Home Tel #: _____ Cell Tel #: _____

SIBLINGS:

Does your child have brothers or sisters attending East Hill Elementary School? No ☐ Yes ☐

If yes, please list their names and grade levels below:

Family Name:	Given Name:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



DISMISSAL INFORMATION:

After school my child will be:

☐ Attending Daycare ☐ Walking/Picked Up ☐ Bussed (my child has a valid 2026-27 bus pass)

PERSONS AUTHORIZED TO PICK UP STUDENT:**PERSON AUTHORIZED # 1:**

Name: _____ Relationship: _____

Home Tel #: _____ Cell Tel #: _____

PERSON AUTHORIZED # 2:

Name: _____ Relationship: _____

Home Tel #: _____ Cell Tel #: _____

PERSON AUTHORIZED # 3:

Name: _____ Relationship: _____

Home Tel #: _____ Cell Tel #: _____

PERSON AUTHORIZED # 4:

Name: _____ Relationship: _____

Home Tel #: _____ Cell Tel #: _____

EMERGENCY SCHOOL CLOSING INFORMATION:

- ☐ My child may be sent home in the usual manner
- ☐ My child will be picked up from the emergency shelter site stipulated in the school agenda
- ☐ My child has instructions to go to a neighbour, friend etc...:

Name: _____ Relationship: _____

Address: _____

Home Tel #: _____ Cell Tel #: _____

- PLEASE MAKE A COPY OF THIS FORM AND RETAIN FOR YOUR RECORDS.
- ANY CHANGES TO THE INFORMATION CONTAINED IN THIS FORM MUST BE COMMUNICATED TO THE SCHOOL IMMEDIATELY.
- PLEASE NOTE THAT A NEW FORM MUST BE COMPLETED EACH TIME A CHANGE IS MADE TO YOUR CHILD'S INFORMATION.

Name of Parent: _____

Signature: _____ Date: _____/_____/_____
YEAR MONTH DAY