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THER INFORM	ATION		Т	————		<u> </u>	
Siblings in this	Name			Name			
School	Name		\$050	Name	. 3		Davita Ni-
Does the student:	walk or take the bu	is \(\sigma \) to school?	Must be eligib	ole for tra	nsportation.)		Route No.
Parent/Guardian:	Cell No.	Pager No.			Email:		
			FIRST LAN	GUAGE	English (☐ French	Other 🗅
Citizenship			If other, plea		_		
Country of Origin	lentification (please check o	one if applicable):	11.5.1.5.			ng this inform	ation is voluntary
	ormally living on reserve)	☐ First Nation (no	rmally living	off reserv			☐ Inuit
	for information noted in this					oses.	
give permission t	or information noted in this	Section to be used					
Date			Signature of F	Parent/Gu	ardian		
			- will as a second of the sec				
EMERGENCY INFORMATION			Telephone			-P-31 E 10	8 1 5 5 5
Family Physician	1			101001110			
EMERGENCY C		Tabah	No	164277 ;	f Unlisted	Relations	hip (if applicable)
	Name	1 eleph	one No.	1	Umstea		E "
SITTER INFORMATION Name							
SITTER INFOR		Telepl	ione No.			Address	
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