

OTHER INFORMATION

Siblings in this School	Name		Name	
	Name		Name	
Does the student: walk <input type="checkbox"/> or take the bus <input type="checkbox"/> to school? (Must be eligible for transportation.)				Route No.

Parent/Guardian:	Cell No.	Pager No.	Email:
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Citizenship	FIRST LANGUAGE	English <input type="checkbox"/>	French <input type="checkbox"/>	Other <input type="checkbox"/>
Country of Origin	If other, please specify:			
Aboriginal Self Identification (please check one if applicable):			Reporting this information is voluntary	
<input type="checkbox"/> First Nation (normally living on reserve)	<input type="checkbox"/> First Nation (normally living off reserve)	<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit	

I give permission for information noted in this section to be used for school office and statistical purposes.

Date	Signature of Parent/Guardian
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EMERGENCY INFORMATION

Family Physician	Telephone
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EMERGENCY CONTACT

Name	Telephone No.	"✓" if Unlisted	Relationship (if applicable)

SITTER INFORMATION

Name	Telephone No.	Address

I have obtained the consent of the person(s) listed above (if other than parent/guardian) to have the name and telephone number used for emergency purposes. The names and telephone numbers of parent(s)/guardian(s) or emergency contact(s) may be given to a volunteer in the event the school is being closed or school buses are being released early.

Date	Signature of Parent/Guardian
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In case of school closing (extreme weather) or school buses being released early or in case of student illness/injury, a school staff member will contact you or your designate. Calls will be made in the following order: ① home ② work ③ emergency contact. For the purpose of early school closure due to inclement weather, I do not require a phone call. Check if applicable .

I give permission for information noted in this section to be used for emergency purposes and I authorize school staff to act on behalf of the well being of my child in emergencies when I am not available.

Date	Signature of Parent/Guardian
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In accordance with the Municipal Freedom of Information and Protection Act, I have read the Freedom of Information (FOI) Parent Information Sheet provided by Grand Erie District School Board related to the use of a students' personal information. I give permission and indicate YES to the use and/or disclosure of this information for the purposes outlined in the Parent Information Sheet.

Date	Signature of Parent/Guardian
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I give permission to have the student included in the class photograph.

Date	Signature of Parent/Guardian
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