

PR \_\_\_\_\_

BC \_\_\_\_\_

IMM \_\_\_\_\_

Grade Entering \_\_\_\_\_

**Pupil Data Sheet**

(to be filled out by parent/guardian)

Student's Full Name: \_\_\_\_\_

Last

First

Middle (full)

Gender: ☐ Male ☐ Female ☐ Other ☐ Decline to state

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Town / City

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Parent/Guardian #1 Name: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

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Parent/Guardian #2 Name: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work #: \_\_\_\_\_

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Legal Guardian: ☐ Both Parents ☐ One Parent (specify) \_\_\_\_\_ ☐ Other

Is child a state ward? ☐ Yes ☐ No

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Additional Information that may be pertinent to your child's well being: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date