



## qathet School District

# Student Verification Form

### Student Verification Form

The following is a sample Elementary Student Verification Form.

### Elementary Student Verification Form – Page 1 of 2

<b>James Thomson - Powell River</b>		Page 1 of 2
<b>Student Information Verification</b>		December 12, 2023
Pupil No.:	Homeroom:	Teacher:

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<b>Student</b>	
Legal Last Name _____	Student e-mail _____
Legal First Name _____	RR Number/PO Box _____ Family Courier <input type="checkbox"/>
Legal Middle Name(s) _____	Street Address _____
Usual Last Name _____	City _____ Prov _____ PC _____
Usual First Name _____	Mailing Address (if different than property address) _____
Usual Middle Name(s) _____	Street Address _____
Date of birth _____	RR Number/PO Box _____
Personal Health No. _____	City _____ Prov _____ PC _____
Student Home Phone _____	Unlisted <input type="checkbox"/>
Student Cell Phone _____	

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Previous School Name _____	District _____	City _____
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<b>PARENT / GUARDIAN INFORMATION</b>		<b>Property Address</b>
Last, First name _____		Street Address _____
Relationship _____		RR Number/PO Box _____
Parental authority or guardian <input type="checkbox"/> Lives with student <input type="checkbox"/>		City _____ Prov _____ PC _____
Can pick up <input type="checkbox"/> Receive email <input type="checkbox"/>		<b>Mailing Address (if different than property address)</b>
Receive mailings <input type="checkbox"/> Has portal access <input type="checkbox"/>		Street Address _____
Receive autodialer calls <input type="checkbox"/>		RR Number/PO Box _____
Home Phone _____		City _____ Prov _____ PC _____
Work Phone _____ Ext _____		E-mail Address _____
Cell Phone _____		

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<b>PARENT / GUARDIAN INFORMATION</b>		<b>Property Address</b>
Last, First name _____		Street Address _____
Relationship _____		RR Number/PO Box _____
Parental authority or guardian <input type="checkbox"/> Lives with student <input type="checkbox"/>		City _____ Prov _____ PC _____
Can pick up <input type="checkbox"/> Receive email <input type="checkbox"/>		<b>Mailing Address (if different than property address)</b>
Receive mailings <input type="checkbox"/> Has portal access <input type="checkbox"/>		Street Address _____
Receive autodialer calls <input type="checkbox"/>		RR Number/PO Box _____
Home Phone _____		City _____ Prov _____ PC _____
Work Phone _____ Ext _____		E-mail Address _____
Cell Phone _____		

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<b>PARENT / GUARDIAN INFORMATION</b>		<b>Property Address</b>
Last, First name _____		Street Address _____
Relationship _____		RR Number/PO Box _____
Parental authority or guardian <input type="checkbox"/> Lives with student <input type="checkbox"/>		City _____ Prov _____ PC _____
Can pick up <input type="checkbox"/> Receive email <input type="checkbox"/>		<b>Mailing Address (if different than property address)</b>
Receive mailings <input type="checkbox"/> Has portal access <input type="checkbox"/>		Street Address _____
Receive autodialer calls <input type="checkbox"/>		RR Number/PO Box _____
Home Phone _____		City _____ Prov _____ PC _____
Work Phone _____ Ext _____		E-mail Address _____
Cell Phone _____		



## qathet School District

# Student Verification Form

### Elementary Student Verification Form – Page 2 of 2

**James Thomson - Powell River  
Student Information Verification**

Page 2 of 2  
December 12, 2023

Pupil No.: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Emergency Contact 1	Home Phone	Work Phone	Ext
Can pick up <input type="checkbox"/>	Cell Phone	Relationship	
Emergency Contact 2	Home Phone	Work Phone	Ext
Can pick up <input type="checkbox"/>	Cell Phone	Relationship	
Emergency Contact 3	Home Phone	Work Phone	Ext
Can pick up <input type="checkbox"/>	Cell Phone	Relationship	
Out of district	Home Phone	Work Phone	Ext
Can pick up <input type="checkbox"/>	Cell Phone	Relationship	

**SCHOOL AGED SIBLING INFORMATION**

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

**STUDENT LEGAL ALERTS**      Court order on file?

Description \_\_\_\_\_

**STUDENT MEDICAL ALERTS**      Life Threatening?       Doctor's Name \_\_\_\_\_      Phone \_\_\_\_\_

Description \_\_\_\_\_

**OTHER STUDENT ALERTS - Health, family or other informational**

Description \_\_\_\_\_

**CITIZENSHIP (country)** \_\_\_\_\_      Visa Status \_\_\_\_\_      Expiration \_\_\_\_\_

**LANGUAGE**    At Home \_\_\_\_\_      Most Used \_\_\_\_\_      First \_\_\_\_\_

**ABORIGINAL ANCESTRY**    Metis     Inuit     Status-On Reserve     Status-Off Reserve     Non-Status

Band of Origin \_\_\_\_\_      Band of Residence \_\_\_\_\_      Status No. \_\_\_\_\_

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

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



## qathet School District

# Student Verification Form

### Student Verification Form

The following is a sample Secondary Student Verification Form.

### Secondary Student Verification Form – Page 1 of 2



### Brooks Secondary Student Information Verification

Page 1 of 2  
December 12, 2023

Pupil No.: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Student**

Legal Last Name _____	Student e-mail _____
Legal First Name _____	RR Number/PO Box _____ Family Courier <input type="checkbox"/>
Legal Middle Name(s) _____	Street Address _____
Usual Last Name _____	City _____ Prov _____ PC _____
Usual First Name _____	Mailing Address (if different than property address) _____
Usual Middle Name(s) _____	Street Address _____
Date of birth _____	RR Number/PO Box _____
Personal Health No. _____	City _____ Prov _____ PC _____
Student Home Phone _____ Unlisted <input type="checkbox"/>	
Student Cell Phone _____	
Previous School Name _____ District _____ City _____	

**PARENT / GUARDIAN INFORMATION**

Last, First name _____ Relationship _____ Parental authority or guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Can pick up <input type="checkbox"/> Receive email <input type="checkbox"/> Receive mailings <input type="checkbox"/> Has portal access <input type="checkbox"/> Receive autodialer calls <input type="checkbox"/> Home Phone _____ Work Phone _____ Ext _____ Cell Phone _____	<b>Property Address</b> Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____ <hr/> <b>Mailing Address (if different than property address)</b> Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____ E-mail Address _____
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**PARENT / GUARDIAN INFORMATION**

Last, First name _____ Relationship _____ Parental authority or guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Can pick up <input type="checkbox"/> Receive email <input type="checkbox"/> Receive mailings <input type="checkbox"/> Has portal access <input type="checkbox"/> Receive autodialer calls <input type="checkbox"/> Home Phone _____ Work Phone _____ Ext _____ Cell Phone _____	<b>Property Address</b> Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____ <hr/> <b>Mailing Address (if different than property address)</b> Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____ E-mail Address _____
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**PARENT / GUARDIAN INFORMATION**

Last, First name _____ Relationship _____ Parental authority or guardian <input type="checkbox"/> Lives with student <input type="checkbox"/> Can pick up <input type="checkbox"/> Receive email <input type="checkbox"/> Receive mailings <input type="checkbox"/> Has portal access <input type="checkbox"/> Receive autodialer calls <input type="checkbox"/> Home Phone _____ Work Phone _____ Ext _____ Cell Phone _____	<b>Property Address</b> Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____ <hr/> <b>Mailing Address (if different than property address)</b> Street Address _____ RR Number/PO Box _____ City _____ Prov _____ PC _____ E-mail Address _____
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## qathet School District

# Student Verification Form

**Sample Secondary Student Verification Form – Page 2 of 2**



### Brooks Secondary Student Information Verification

Page 2 of 2  
December 12, 2023

Pupil No.: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Emergency Contact 1		Home Phone		Work Phone		Ext	
Can pick up	<input type="checkbox"/>	Cell Phone		Relationship			
Emergency Contact 2		Home Phone		Work Phone		Ext	
Can pick up	<input type="checkbox"/>	Cell Phone		Relationship			
Emergency Contact 3		Home Phone		Work Phone		Ext	
Can pick up	<input type="checkbox"/>	Cell Phone		Relationship			
Out of district		Home Phone		Work Phone		Ext	
Can pick up	<input type="checkbox"/>	Cell Phone		Relationship			

**SCHOOL AGED 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 LEGAL ALERTS**      Court order on file?

Description \_\_\_\_\_

**STUDENT MEDICAL ALERTS**      Life Threatening?       Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

**OTHER STUDENT ALERTS - Health, family or other informational**

Description \_\_\_\_\_

**CITIZENSHIP (country)** \_\_\_\_\_      Visa Status \_\_\_\_\_      Expiration \_\_\_\_\_

**LANGUAGE**    At Home \_\_\_\_\_      Most Used \_\_\_\_\_      First \_\_\_\_\_

**ABORIGINAL ANCESTRY**    Metis     Inuit     Status-On Reserve     Status-Off Reserve     Non-Status

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