



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

James Thomson - Powell River		Page 1 of 2
Student Information Verification		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 _____	Property Address
Relationship _____	Street Address _____
Parental authority or guardian <input type="checkbox"/> Lives with student <input type="checkbox"/>	RR Number/PO Box _____
Can pick up <input type="checkbox"/> Receive email <input type="checkbox"/>	City _____ Prov _____ PC _____
Receive mailings <input type="checkbox"/> Has portal access <input type="checkbox"/>	Mailing Address (if different than property address)
Receive autodialer calls <input type="checkbox"/>	Street Address _____
Home Phone _____	RR Number/PO Box _____
Work Phone _____ Ext _____	City _____ Prov _____ PC _____
Cell Phone _____	E-mail Address _____

PARENT / GUARDIAN INFORMATION

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

PARENT / GUARDIAN INFORMATION

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



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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	_____
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

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

PARENT / GUARDIAN INFORMATION

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

PARENT / GUARDIAN INFORMATION

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



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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 _____	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

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CITIZENSHIP (country) _____ Visa Status _____ Expiration _____

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