

# Outreach Alternate Secondary School Student Information Form

LEGAL NAME: \_\_\_\_\_  
Last
First
Middle

Legal name confirmed by birth certificate

PREFERRED NAME : \_\_\_\_\_  
Last
First
Middle

ADDRESS \_\_\_\_\_  
Number
Street/Avenue
City
Postal Code

HOME PHONE NUMBER \_\_\_\_\_ MALE  FEMALE  GRADE: \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
Month
Day
Year
City, Province & Country

High Schools previously attended: (list most recent first)  
 \_\_\_\_\_ Date last attended: \_\_\_\_\_  
 \_\_\_\_\_ Date last attended: \_\_\_\_\_  
 \_\_\_\_\_ Date last attended: \_\_\_\_\_

Do you know anyone in this program? Yes  No  If Yes, who: \_\_\_\_\_

Do you find day school to be a problem? Yes  No  If Yes, why? Be specific: \_\_\_\_\_

Are you of First Nations Ancestry? Yes  No  Status  Non-Status  Metis   
 Are you living on Reserve: Yes  No  Please indicate Band # if appropriate: \_\_\_\_\_

FATHER/GUARDIAN :  
 (Please circle)  
 NAME: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL # \_\_\_\_\_

MOTHER/GUARDIAN :  
 (Please circle)  
 NAME: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL # \_\_\_\_\_

LIVE WITH: Both Parents  Father Only  Mother Only  Guardian  Self

IN CASE OF EMERGENCY, please contact:

1. \_\_\_\_\_ Relative /or Friend Phone Number: \_\_\_\_\_  
 2. \_\_\_\_\_ Relative /or Friend Phone Number: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ CARE CARD # \_\_\_\_\_  
(Essential)

MEDICAL CONDITION: List any medical conditions that the school should be aware of (e.g. eyesight, hearing, heart condition, kidney condition, under sedation, etc.) \_\_\_\_\_  
 Is this condition life threatening? Yes  No   
 (If yes, what steps should be taken in case of emergency? \_\_\_\_\_)

# Outreach Alternate Secondary School Student Information Form

Indicate all completed courses & record your approximate final grade for each if known.

Math 8 _____	Eng 9 _____	SS 9 _____
Math 9 _____	Eng 10 _____	SS 10 _____
Math 9 A _____	Eng 11 _____	SS 11 _____
Math 10 _____	Eng 12 _____	Sci 8 _____
Math 11 _____	Comm 11 _____	Sci 9 _____
Math 11 A _____	Comm 12 _____	Sci 10 _____
Eng 8 _____	SS 8 _____	

Other Grade 11 & 12 Courses	School	Final Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
Student Signature	Parent Signature (if applicable)	Date