



Sask. Learning I.D. #

Vanier Collegiate Institute Student Information Sheet

****REQUIRED FIELDS****

Grade:

Please Print Clearly

Name of Student:			Gender:
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Last Name

First Name

Middle Name

Legal Last Name: <i>(if different than name used)</i>	Resides with:
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Birthdate:	Month	Day	Year	Province/Country of Origin:
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First Language Spoken:	Second Language Spoken:
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Citizen/Resident Status:
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Refugee <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Student/Visitor Visa

Physical Address/Land Description:		Mailing Address: (If different from regular address)	
<i>Street</i>	<i>Postal Code</i>	<i>Street</i>	<i>Postal Code</i>

Home Phone Number(s):			
	<i>Father's Cell</i>	<i>Mother's Cell</i>	<i>Student's Cell</i>

Father's Name:			
	<i>Workplace</i>	<i>Work Phone #</i>	<i>e-mail address</i>

Mother's Name:			
	<i>Workplace</i>	<i>Work Phone #</i>	<i>e-mail address</i>

School(s) Previously Attended:

Emergency Contact Person:	Relationship:	Phone Number:
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Doctor's Name:

Additional Medical Information: (Allergies, Medical Conditions)
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Religion:	Parish:
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Optional Self-Declared:	<input type="checkbox"/> First Nations	<input type="checkbox"/> Metis
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Parent Signature:

Locker Number:

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Please complete back side

Rural Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please provide billet information	
Hockey Player Billet Information:	Billet Name:	Address:	Home #: Cell #:	

Use of Student Work and Personal Information Parent/Guardian Permission Form

I agree that the Holy Trinity Catholic School Division may use the work produced by my child and/or images/commentary of my child with or without my child's name for any lawful purpose, including, for example such purposes as publicity, illustration, promotion, and internet content without payment for the following purposes.

Please check purposes for which you agree to provide permission:

- For education purposes in the school community
 For the public media including the internet
 Class Lists

I have read and understand the above, and I hereby consent to the collection and use of information:

Parent/Guardian Name: _____

Parent Guardian Signature: _____ Date: _____

This consent shall remain in effect as long as the student is registered with Holy Trinity Catholic School Division and needs to be signed only once.

Notification Regarding Yearbook

Your child's picture will be taken and included in the school yearbook. If you wish to **opt out**, please contact the Principal of your child's school.

If situations arise that cause you, as a parent, to be concerned about your child's privacy or safety, with respect to the potential use(s) of his or her personal information as outlined above, please contact the school principal immediately to make changes to your permissions.

Out of School Excursions (Parents are to inform school if situation changes)

Many learning opportunities happen within the community and surrounding vicinity. This consent form has been developed to ensure that parents/guardians are aware that students may, from time to time, leave the school grounds during the day. Students will always be under the direction of a teacher during such excursions and normally would be walking or in a school division vehicle. Examples of such excursions would be to cross country ski, visit the library, Cultural Centre, Post Office, retirement home, etc.

Parents/Guardians will be informed of excursions before they occur.

I hereby consent that my child _____ may be taken on community excursions authorized by Holy Trinity Catholic School Division.

Parent/Guardian Name: _____

Parent Guardian Signature: _____ Date: _____

For Office Use Only: Notes:

Principal Signature: _____ **Date:** _____