



INFORMATION FORM - STUDENT

SCHOOL NAME

- Centre éducatif l'ENVOL, Labrador City
- École Boréale, Happy Valley-Goose Bay
- École Sainte-Anne, Mainland
- École Notre-Dame-du-Cap, Cape Saint George
- École des Grands-Vents, St. John's

STUDENT INFORMATION

Name:		Surname:	
Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Date of Birth (d/m/y)*	Birthplace (town, province, country)

*Please provide a copy of the child's Birth Certificate. (if this has not already been provided to the school in the past)

Main Address (street, city, postal code):

Other address if child is in shared custody:

MCP number: (or valid health insurance card)	Expiration:
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*Please provide a copy of the insurance card. (if this has not already been provided to the school in the past)

Grade :

School attended last year, if different (name, school district, community)

First language spoken at home French <input type="checkbox"/> English <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____	Second language spoken at home French <input type="checkbox"/> English <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____
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MEDICAL INFORMATION

ALLERGIES : No Yes (if yes, please provide details below)

Allergic to:

Symptoms of the allergy:

Instructions to follow in case of allergic reaction:

Medication used:

Risk of anaphylactic shock: No Yes (if yes, please provide an *Anaphylaxis Alert Life Threatening Allergies* form supplied by a doctor)



Medical information (continued)

ASTHMA: No Yes (if yes, please provide details below)

Symptoms:

Instructions to follow in case of an asthma attack:

Medications used:

OTHER MEDICAL CONDITIONS TO REPORT: No Yes (if yes, please specify below)

Condition:

Symptoms:

Medication (if applicable):

OTHER USEFUL INFORMATION

Please inform us of any other situation or condition that you wish to bring to the attention of the school.

SIGNATURE OF PARENT OR GUARDIAN

I certify that all of the information provided in this form is true.

Name (please print):

Signature:

Date:

We ask you to please inform the school if there are any changes to this information during the school year.