

STUDENT INFORMATION FORM

SCHOOL

- Centre éducatif l'ENVOL, Labrador City
- École Boréale, Happy Valley-Goose Bay
- École Saint-Anne, La Grand'Terre
- École Notre-Dame-du-Cap, Cap-Saint-Georges
- École des Grands-Vents, Saint-Jean
- École Rocher-du-Nord, Saint-Jean

STUDENT INFORMATION

Last name

Given name (s)

Boy Girl

Date of birth (D/M/Y)

Place of birth (Town, Province, Country)

Main address

Other address if shared custody

MCP card number

Expiration date

Grade this year

Brothers or sisters at school

No Yes (if yes, complete the following section)

Last name, Given name (s)

Grade

School attended last year :
(Name, School Board, City)

First language spoken at home:

Second language spoken at home:

MEDICAL INFORMATION

ALLERGIES : NO Yes (if yes, complete the following section)

Allergy :

Symptoms :

Instructions in case of an allergic reaction :

Medication (s) :

Does your child have anaphylaxis? : No Yes If YES, please have the document *Anaphylaxis Alert Life Threatening Allergies* filled by a doctor and submit it to the school

ASTHMA : No Yes (if yes, complete the following section)

Symptoms :

Instructions in case of asthma :

Medication (s) :

DOES YOUR CHILD HAVE OTHER MEDICAL CONDITIONS? : No Yes (if yes, please explain)

Condition(s) :

Symptoms :

Medication (s), if applicable :

OTHER USEFUL INFORMATION

Please provide details about any other condition or information of which the school should be aware

PARENT OR GUARDIAN INFORMATION

PARENT 1

Family name, Given Name

Phone (home)

(cell)

(work)

E-mail

PARENT 2

Family name, Given Name

Phone (home)

(cell)

(work)

E-mail

SIGNATURE

Name (please print)

Signature

Date