



Sask. Learning I.D. #

# Vanier Collegiate Institute Student Information Sheet

Please Print

<b>Name of Student:</b>			<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	

<b>Legal Last Name:</b>	<b>Resides with:</b>
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(if different than name used)

<b>Birthdate:</b>				<b>Province/Country of Origin:</b>
	<i>Day</i>	<i>Month</i>	<i>Year</i>	

<b>Address:</b>		<b>Mailing Address:</b>	
<i>Street</i>	<i>Postal Code</i>	<i>Street</i>	<i>Postal Code</i>

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

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

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

<b>School Previously Attended:</b>	<b>Student E-mail Address:</b>
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<b>School Siblings Attend:</b>
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<b>Emergency Contact Person:</b>	<b>Phone Number:</b>
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<b>Hospitalization Number:</b>	<b>Doctor's Name:</b>
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<b>Additional Information:</b>

<b>First Language Spoken:</b>	<b>Second Language Spoken:</b>
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<b>Rural Student</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If Yes, please provide billet information)</i>
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<b>Religion:</b>	<b>Parish:</b>
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<b>Aboriginal Ancestry and Affiliation (Optional)</b>
<input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Metis <input type="checkbox"/> Inuit
Band Name: _____

**Locker Number**

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<b>Parent Signature:</b>
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