



Lethbridge School District No. 51

Please only fill out the areas that need changing and return to the school office with signature. Thank you.

LETHBRIDGE SCHOOL DISTRICT NO. 51

STUDENT UPDATE FORM

School: Agnes Davidson School

Grade: _____

*Legal Last Name: _____

*Legal First and Middle Names: _____

*Preferred Last Name (if different): _____

*Preferred First Name (if different): _____

*Birthdate: _____

*Home Phone Number: _____

*Mailing Address: _____

(House and Street)

(City)

(Province)

(Postal Code)

Legal Land Description/Physical Address (if mailing address is PO Box or RR delivery): _____

Alberta Health Care PHN (Personal Health Number): _____

**Medical information (i.e. medical conditions, allergies, etc): _____

Priority 1 Contact Information (i.e. parent or guardian)

First & Last Name: _____

Address: _____

City, Postal Code: _____

Relationship to Student: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

E-Mail Address: _____

Priority 2 Contact Information (i.e. parent or guardian)

First & Last Name: _____

Address: _____

City, Postal Code: _____

Relationship to Student: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

E-Mail Address: _____

Student is living with (check ALL applicable boxes). Priority 1 Priority 2 Other

Emergency Contact Information (In the event the above contacts are unavailable)

First & Last Name: _____

City: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

Please ensure this emergency contact is advised that their name has been used for this purpose.

I hereby certify that the foregoing information is true, correct and complete to the best of my knowledge and belief.

Signature: _____

Date: _____