

Personal Information Sheet

Student Name: _____

Birthdate _____ Age _____

Street Address _____ City _____

Postal Code _____

Allergies _____

Medications _____

Other Information: _____

Special Conditions (learning disabilities etc.): _____

Family Doctor _____ Home: () _____

Bus Phone: () _____

Dentist _____ Home () _____

Bus Phone: () _____

B.C Care Card # _____

Medical/Hospital Insurance Company _____

Policy Number _____

PARENT/GUARDIAN INFORMATION

Parents Name: _____ Home Phone: () _____

Cell Phone: () _____

Parents Name: _____ Home Phone: () _____

Cell Phone: () _____

E-mail Address: _____