## Parents Information - Required

For your child's safety, please make sure to update the office when this information changes.

Parent #1				
Full Name		Relationship to student		
Address:				
Street	Apt.	City	Province	Postal Code
Phone. Home	Mobile		Work	
Please use my $\Box$ Home and/or $\Box$ Mol	oile and/or 🗆 Work pl	none numl	bers to send me imp	ortant school notifications.
Email	@ (used		d to send school notifications and information)	
Demont #2				
Parent #2 Full Name			Relationship to student	
Address:			-	
Street	Apt.	City	Province	Postal Code
Phone. Home	Mobile		Work	
Please use my $\Box$ Home and/or $\Box$ Mot				
Email	<i>ail</i> @(us		ed to send school notifications and information)	
Legal Guardian(s): O Parent #1	l O Parent #2	ΟI	Both	
E	mergency Coni	acts - I	Required	
For your child's safety, plea	se make sure to upd	ate the of	fice when this info	rmation changes.
Contact #1				
Full Name			Relationship to st	udent
Telephone. Home	Work		Cell	
Contact #2				
Full Name			Relationship to st	udent
Telephone. Home	Work		Cell	
	<i>—</i>		D 1 1	

## **Emergency Transportation - Required**

Students are directed to report to the supervising staff in case of an emergency or if they are injured. When required, school authorities will give first aid.

If the school is unable to reach the parents, or authorized persons, as per the personal information sheet, and the situation warrants an ambulance, one will be called. However, parents are responsible for any ambulance expenses. In the absence of parents, an adult will accompany the student from this school of he/she must be transported by ambulance.

We/I understand that we/I will be responsible for any ambulance expenses if the school decides to transport our/my child by ambulance:

Signature of Parent/Guardian

Date