

St. John Catholic High School
Student Information Sheet

Birthdate: _____ **Gender:** ____ **Grade:** ____

Siblings: _____

Citizenship: _____ **Province of Birth:** ____ **Country of Birth:** _____

Date of Entry to Canada: _____ **Denomination:** _____ **Parish:** _____

Student Address:

Phone #:

To the Parents of:

If Rural Address:

Lot: _____ Concession: _____

Township: _____

County: _____

In the care of Children's Aid Society: Yes: _____ No: _____

Which CAS (eg. Perth): _____ CAS Worker: _____

Legal Guardian: _____ Lives with: _____

Mother:

Home #:

Employer:

Business #:

House #: _____ Apt. # _____

R.R.#: 4 _____ Box: _____

Street: _____

Town: _____

Postal Code: _____

Email: _____

Cell: _____

Father:

Home Number:

Employer:

Business #:

House #: _____ Apt. # _____

R.R. #: _____ Box: _____

Street: _____

Town: _____

Postal Code: _____

Email: _____

Cell: _____

Guardian if not living with Parent:

Phone: 613-267-5555 Business #: 613-264-5555

Email: _____

Emergency Info:

Contact:

Phone#:

Health Card #:

Doctor:

Dr.'s Phone #:

Health Concerns: _____

Parent Guardian Signature: _____ **Date:** _____