



Lester B. Pearson High School

Student Information Sheet—2018-2019

Please Print CLEARLY

Student's family name _____ Student's first name _____

Secondary Level: 1 2 3 4 5

Student's date of birth: _____ Gender: ___ Male ___ Female ___ Other
Year Month Day

Address _____ Postal Code _____

Telephone numbers _____
Home Mother's Cell Father's Cell Student's Cell

Medicare no. _____ Expiry date _____

Language(s) spoken at home _____

Father's name _____ First name _____

Mother's name _____ First name _____

Parent/Guardian email address: Mother: _____

Father: _____

Student resides with: ___ Both parents ___ Shared Custody ___ Mother Only ___ Father Only
 ___ Guardian/Group home (please specify) _____

Siblings at LBPHS Name _____ Level _____

Name _____ Level _____

School attended last year _____

Father's Employer _____ Telephone _____

Mother's Employer _____ Telephone _____

IN CASE OF EMERGENCY

Please indicate the names of two persons and their telephone numbers to contact in case the parent(s) cannot be reached.

1. Name _____ Telephone number _____

Relation to student _____ Language spoken _____

2. Name _____ Telephone number _____

Relation to student _____ Language spoken _____

Parent's/Guardian's signature _____

Date _____