



ST. ANNE'S CATHOLIC SECONDARY SCHOOL

353 ONTARIO ST., P.O. BOX 490

CLINTON, ONTARIO NOM 1L0

TELEPHONE 519-482-5454

FAX 519-482-5456 / 5916

STUDENT INFORMATION

Please complete all the information in detail

School Attended Before St. Anne's _____

Tax Support Directed to: _____ Separate Bd. _____ Public Bd.

Name of School Board (if not Huron-Perth C.D.S.B., please complete Reflection package) _____

Religion _____ Parish _____ S.I.N. _____

SURNAME _____ GIVEN NAME(S) _____

Birthdate / / Sex Ph.# () _____ Name of Sibling(s) at St. Anne's _____
Y M D

Street & # _____ City _____ Postal Code _____

911 Rural Emergency Code _____ Box # _____

RR # _____ Lot _____ Conc _____ Twp _____ County _____

Country of Birth (if other than Canada): _____

Entry Date to Canada (PROOF NEEDED FOR THE FOLLOWING) _____

_____ Canadian Citizen _____ Student Visa _____ Landed Immigrant _____ Permanent Resident _____ Other

PRIMARY E-MAIL CONTACT: _____

Mother _____

Employer _____ Phone # _____

Father _____

Employer _____ Phone # _____

Guardian/Step Parent _____

Employer _____ Phone # _____

If legal custody in place who has custody of child? _____ Mother _____ Father _____ Guardian

Doctor _____ Phone # _____

Emergency Contact: _____ Phone # _____

SPECIFIC ALLERGIES/ MEDICAL CONDITIONS AND PROCEDURES TO FOLLOW. (USE OTHER SIDE IF NECESSARY.)

HEALTH # _____

***** NOTE: IF ANY OF THE ABOVE INFORMATION CHANGES PLEASE NOTIFY THE SCHOOL IMMEDIATELY. *****

The personal information contained on this form has been collected under the authority of the Education Act, R.S.O. 1980, c. 129, as amended and the Municipal Freedom of Information and Protection of Privacy Act. Student name, address, phone number, school, grade and date of birth and medical information is shared with the school nurse and Medical Officers of Health. Users of this information will be principals and teachers. Contact person about the collection of this information is the principal of the school.