



Lethbridge School District No. 51

Please make the changes required and return to the school with signature. Thank you.

LETHBRIDGE SCHOOL DISTRICT NO. 51

STUDENT UPDATE FORM

School: _____

Grade: _____

*Legal Last Name: _____ *Legal First and Middle Names: _____

*Preferred Last Name (if different): _____ *Preferred First Name (if different): _____

*Birthdate: _____ *Home Phone Number: _____

*Mailing Address: _____

(House and Street) (City) (Province) (Postal Code)

Legal Land Description/Physical Address (if mailing address is PO Box or RR delivery): _____

Alberta Health Care PHN (Personal Health Number): _____

**Medical information (i.e. medical conditions, allergies, etc): _____

Priority 1 Contact Information (i.e. parent or guardian)

Priority 2 Contact Information (i.e. parent or guardian)

First & Last Name: _____

First & Last Name: _____

Address: _____

Address: _____

City, Postal Code: _____

City, Postal Code: _____

Relationship to Student: _____

Relationship to Student: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cellular Phone: _____

Cellular Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Student is living with (check ALL applicable boxes) Priority 1 Priority 2 Other

Emergency Contact Information (in the event the above contacts are unavailable)

First & Last Name: _____

City: _____

Home Phone: _____

Work Phone: _____

Cellular Phone: _____

Please ensure this emergency contact is advised that their name has been used for this purpose.

I hereby certify that the foregoing information is true, correct and complete to the best of my knowledge and belief.

Signature: _____

Date: _____