



STUDENT INFORMATION VERIFICATION FORM

Student Name:	Talpade, Ira	
OEN:	515-833-143	Halton Student Number: 004-342-076
Grade:	09	
School:	Aldershot High School	
Principal:	Newcombe, R.	
Homeroom:		

STUDENT INFORMATION:

Legal name

Surname: Talpade
First Name: Ira
Middle Name: Chaitanya

Preferred name

Surname: Talpade
First Name: Ira
Middle Name:

Birth Date: (MM/DD/YYYY) 03 / 22 / 2008

Citizenship Information:

Status in Canada	Birth Country	Cdn Birth Province	Country of Last Residence	Country of Citizenship	Arrival Date (MM / DD / YYYY)	Expiry Date (MM / DD / YYYY)	Verification
Citizen	India		India	Canada	02 / 20 / 2014		Passport

Indigenous Student Self-Identification (Voluntary):

First Nation Ancestry:

Inuit Ancestry:

Metis Ancestry:

Languages Spoken (if other than English):

Home Language: French
Second Home Language: Marathi
First Language Spoken: French

Medical:

NOTE: Due to a change in our Student Information System, students with a life threatening medical condition need their data reviewed. Please indicate if there is a condition marked with "Y" where the condition is not life threatening in the Google response form.

Medical Conditions	Life Threatening	Description
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Siblings in this school: (Preferred surname, first and middle)

Student Addresses: Where students have more than one address for an address type (i.e.physical, mailing), a unique priority value must be assigned. Note: The address with the lowest priority value will be used for transportation purposes.

Physical Address: 122 Harnsworth Crescent
Priority: 1 Waterdown, ON L8B0J5

Physical Address:
Priority:

Mailing Address:
Priority:

Mailing Address:
Priority:

Phone No.	Type	Priority	Listed
647-468-3295	Home	1	No
365-833-1223	Cell	2	No

Email:
Primary: 1talpadeira@hdsb.ca
Alternate:

PARENT/GUARDIAN INFORMATION:

Name:	Jathar, Bhairavi	Gender:	Female	Priority	Type	Phone Number	Listed
Address:	122 Harnesworth Waterdown, ON L8B 0J5	Emergency Priority:	1	1	Home	(647) 468-3478	Y
		School Closure Priority:	1				

Relationship to student:	Mother	Primary email:	bhairavi.ta;pade@gmail.com				
<input type="checkbox"/> Legal Custody	<input type="checkbox"/> Guardian	Alternate email:					
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Access to Records	Place of Employment:					
<input type="checkbox"/> Pick Up Access	<input type="checkbox"/> Speaks School Language	Remark:					

Name:	Talpade, Chaitanya	Gender:	Male	Priority	Type	Phone Number	Listed
Address:	122 Harnesworth Waterdown, ON L8B 0J5	Emergency Priority:	1	1	Home	(647) 468-3295	Y
		School Closure Priority:	1				

Relationship to student:	Father	Primary email:	chaitanyais@yahoo.com				
<input type="checkbox"/> Legal Custody	<input type="checkbox"/> Guardian	Alternate email:					
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Access to Records	Place of Employment:					
<input type="checkbox"/> Pick Up Access	<input type="checkbox"/> Speaks School Language	Remark:					

Name:		Gender:		Priority	Type	Phone Number	Listed
Address:		Emergency Priority:					
		School Closure Priority:					

Relationship to student:		Primary email:					
<input type="checkbox"/> Legal Custody	<input type="checkbox"/> Guardian	Alternate email:					
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Access to Records	Place of Employment:					
<input type="checkbox"/> Pick Up Access	<input type="checkbox"/> Speaks School Language	Remark:					

Name:		Gender:		Priority	Type	Phone Number	Listed
Address:		Emergency Priority:					
		School Closure Priority:					

Relationship to student:		Primary email:					
<input type="checkbox"/> Legal Custody	<input type="checkbox"/> Guardian	Alternate email:					
<input type="checkbox"/> Lives with Student	<input type="checkbox"/> Access to Records	Place of Employment:					
<input type="checkbox"/> Pick Up Access	<input type="checkbox"/> Speaks School Language	Remark:					

EMERGENCY CONTACT INFORMATION: (if a parent cannot be contacted during the day)

Name:	Gender:	Priority	Type	Phone Number	Listed
Remarks:	Emergency Priority:				
	School Closure Priority:				

Name:	Gender:	Priority	Type	Phone Number	Listed
Remarks:	Emergency Priority:				
	School Closure Priority:				
