

Below you will find important information regarding you and your child that will be used to contact you for routine and emergency purposes. Please fill in any missing fields and correct any wrong information. This form must be signed and returned with your child to homeroom.

Last Name: Appleton	First Georgie	Middle: Patricia
Date of Birth: 06/18/2013	Gender Female	Place of Birth:
Address: 8900 2nd Concession 8900 Stella ON K0H 2S0, ON K0H 2S0 Stella ON K0H 2S0,		YOG: 2031
Phone: 613-384-5919	House(HS):	Counselor:
Home Language: English	HR: JK-3-101	Bus In:
Daycare Name:	Daycare Phone:	Bus Out:

Contact

Current Information

Corrections

Name:	Appleton, Courtney	
Relationship:	Mother	
Address:		
City, State ZIP		
Best Emergency Contact Phone:	613-384-5919	
Cell Phone:		
Work Phone:		
Primary email:	courtneykroeker@gmail.com	
Contact lives with student <input checked="" type="checkbox"/>	Contact may pick up student <input type="checkbox"/>	Receive grade mailings <input type="checkbox"/>
		Receive conduct mailings <input checked="" type="checkbox"/>
		Receive other mailings <input checked="" type="checkbox"/>

Contact

Current Information

Corrections

Name:	Appleton, Nick	
Relationship:	Father	
Address:		
City, State ZIP		
Home Phone:	647-889-2695	
Cell Phone:		
Work Phone:		
Primary email:	nickyapples@gmail.com	
Contact lives with student <input checked="" type="checkbox"/>	Contact may pick up student <input type="checkbox"/>	Receive grade mailings <input checked="" type="checkbox"/>
		Receive conduct mailings <input checked="" type="checkbox"/>
		Receive other mailings <input checked="" type="checkbox"/>

Freedom of Information

Can go on local Trips	_____	Info to the Media	_____
Intramural Activities	_____	Info for education Related	_____
Information Display in News	_____	STUDENTS 18 AND OVER:	
Information for public	_____	Disclose both OSR & Non-OSR	_____
Info to MP or MPP	_____	Disclose only OSR	_____
Social Media	_____	Disclose only non-OSR	_____

Is there any other legal information that the school should be aware of?

Parent/Guardian Signature: _____		Date: _____
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More information on back, please turn over.

Contact 3	Current Information	Corrections
Name:	Showalter, Dan	
Relationship:	Friend	
Address:		
City, State ZIP		
Home Phone:	514-465-9174	
Cell Phone:	514-465-9174	
Work Phone:		
Contact lives with student	<input type="checkbox"/> Contact may pick up student	<input type="checkbox"/> Receive grade mailings <input type="checkbox"/> Receive conduct mailings <input type="checkbox"/> Receive other mailings <input type="checkbox"/>

Contact 4	Current Information	Corrections
Name:		
Relationship:		
Address:		
City, State ZIP		
Home Phone:		
Cell Phone:		
Work Phone:		
Contact lives with student	<input type="checkbox"/> Contact may pick up student	<input type="checkbox"/> Receive grade mailings <input type="checkbox"/> Receive conduct mailings <input type="checkbox"/> Receive other mailings <input type="checkbox"/>

Contact 5	Current Information	Corrections
Name:		
Relationship:		
Address:		
City, State ZIP		
Home Phone:		
Cell Phone:		
Work Phone:		
Contact lives with student	<input type="checkbox"/> Contact may pick up student	<input type="checkbox"/> Receive grade mailings <input type="checkbox"/> Receive conduct mailings <input type="checkbox"/> Receive other mailings <input type="checkbox"/>