

**TORONTO DISTRICT SCHOOL BOARD – SAFE ARRIVAL/STUDENT EMERGENCY FORM
WILKINSON PUBLIC SCHOOL – 2015/2016**

EACH STUDENT MUST RETURN THIS SHEET TO HIS/HER TEACHER

Please print clearly.

Please see the reverse for information on the use of this form.

PUPIL'S NAME: _____ GRADE _____ ROOM _____
Last name First Name

Male Female Language Spoken at home: _____

DATE OF BIRTH: YEAR: ____ MONTH ____ DAY ____ HOME PHONE NUMBER: _____

HOME ADDRESS: _____ POSTAL CODE _____
Apt. # _____

Lives With _____

Does your child have a sibling in this school? Yes ___ No ___ If, yes name of sibling(s): _____
Rm # _____

PARENT/GUARDIAN

Last Name: _____

First Name: _____

Address: _____

Home Phone: _____

Bus. Phone _____

Cell Phone: _____

E-mail Address: _____

Relationship to Student: _____

PARENT/GUARDIAN

Last Name: _____

First Name: _____

Address: _____

Home Phone: _____

Bus. Phone: _____

Cell Phone: _____

E-mail Address: _____

Relationship to Student: _____

OTHER EMERGENCY CONTACTS (other than parents):

Contact # 1:

Last Name: _____

First Name: _____

Relationship: _____

Phone #: _____

Contact # 2:

Last Name: _____

First Name: _____

Relationship: _____

Phone #: _____

CHILD CARE/BABY SITTER

Name: _____

Phone #: _____

FAMILY

DOCTOR:

Last Name

First Name

Address

Phone

STUDENT'S ONTARIO HEALTH CARD NUMBER (OHIP): _____

DOES YOUR CHILD HAVE A HEALTH PROBLEM THAT WE SHOULD BE AWARE OF? YES NO
(please report all allergies, asthma, epilepsy, seizures, etc)

IF YES, please explain _____

SAFE ARRIVAL PROGRAM (See reverse of this form for information on this program)

- Parents/guardians are required to notify the school when their child is absent or late.

Parent/Guardian Signature: _____ Date: _____

Please inform the school office if there are any changes in address or phone numbers.