



Parkcrest Elementary School

6055 Halifax Street

Burnaby, B.C. V5B 2P4

Ph: 604-664-8794 — Web: parkcrest.sd41.bc.ca

Student Last Name: _____ Student # _____

First Name: _____ Middle Name: _____

Preferred Name: _____ Gender: _____ DOB: _____

Address/City/Postal Code: _____

Parent/Guardian E-mail: _____ Lives with: _____

FIRST CONTACT	Home Phone: _____	Cell: _____
First Name: _____	Last Name: _____	
Relationship to Student: _____	Work Phone: _____	
Address/City/Postal Code: _____		
E-mail Address: _____	Fax #: _____	

2ND CONTACT	Home Phone: _____	Cell: _____
First Name: _____	Last Name: _____	
Relationship to Student: _____	Work Phone: _____	
Address/City/Postal Code: _____		
E-mail Address: _____	Fax #: _____	

EMERGENCY CONTACT	Home Phone: _____	Cell: _____
First Name: _____	Last Name: _____	
Relationship to Student: _____	Work Phone: _____	
Address/City/Postal Code: _____		
E-mail Address: _____	Fax #: _____	

MEDICAL INFORMATION Doctor: _____ Phone #: _____

Personal Health No: _____ Medical concerns/allergies? _____

If medical concerns, please describe: _____

LEGAL ALERT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE NOTIFY THE OFFICE.
If there is any additional pertinent information or comments, please contact the office.			

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CHANGE OF DEMOGRAPHICS INFORMATION