

# École Alpha Secondary School

4600 Parker Street, Burnaby, BC V5C 3E2 604-664-8535 FAX: 604-664-8541 <http://alpha.sd41.bc.ca>

Website: [alpha.sd41.bc.ca](http://alpha.sd41.bc.ca)

E-mail: [alpha.info@sd41.bc.ca](mailto:alpha.info@sd41.bc.ca)

Student Last Name: \_\_\_\_\_ Student # \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Address/City/Postal Code: \_\_\_\_\_

Student E-mail: \_\_\_\_\_ Lives with: \_\_\_\_\_

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

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

<b>EMERGENCY CONTACT</b>	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: \_\_\_\_\_

<b>LEGAL ALERT</b>	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