



**SAMUEL HEARNE SECONDARY SCHOOL  
STUDENT INFORMATION**



<b>Student Name:</b>					<b>Birthdate:</b> ( <i>ex: 14 FEB 1996</i> )	<b>Grade:</b>
<b>Ethnicity:</b> (Circle One)	Inuvialuit	Gwich'in	Metis	Non-aboriginal	Other	<b>Gender:</b> (circle one) Male or Female
<b>2nd Lang. Choice</b> (Gr 7-9)	Inuvialuktun	Gwich'in	French	<b>email:</b>		

**CONTACT INFORMATION**

<b>1st Contact</b> (Student lives with):	<b>Name:</b>	Relationship to student: ( <i>ex: mother, sister, uncle</i> )
	<i>P. O. Box #, Street address, Town, Postal Code</i>	Home Phone:
Workplace:	Place of Employment	Work Phone:

Main contact email address:

<b>2nd contact</b>	<b>Name</b>	Relationship to student: ( <i>ex: mother, sister, uncle</i> )
	Place of Employment	Home Phone:
Workplace:	Place of Employment	Work Phone:

2nd contact email address:

<b>3rd contact</b>	<b>Name</b>	Relationship to student: ( <i>ex: mother, sister, uncle</i> )
	Place of Employment	Home Phone:
Workplace:	Place of Employment	Work Phone:

3rd contact email address:

<b>Emergency Contact:</b>	<b>Name</b>	Home Phone:
	Relationship to Student ( <i>ex: neighbour, aunt, uncle, grarent, etc</i> )	Work Phone:

**NAME AND GRADE OF SIBLINGS ATTENDING SAMUEL HEARNE SECONDARY SCHOOL**

Name:	Brother or Sister	Grade:
Name:	Brother or Sister	Grade:
Name:	Brother or Sister	Grade:
Name:	Brother or Sister	Grade:

**PREVIOUS SCHOOL YEAR INFORMATION:**

<b>Grade:</b>	<b>Name of School</b>
Mailing Address:	Postal box, street address, Town / City, postal code
Phone Number:	Fax Number:

**Northwest Territories Health Card #**

Medical Conditions / allergies that the school should be aware of:

It is very important that student information is accurate and up to date. If there are any changes to the above information, it is the parents / guardians responsibility to contact the school immediately at 777-7170. Completed forms may be faxed to **777-4390**.