



# Lethbridge School Division Student Update Form

Please make the changes required and return to the school with signature. Thank you.

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First and Middle Names: \_\_\_\_\_

Preferred Last Name  
(if different): \_\_\_\_\_

Preferred First Name  
(if different): \_\_\_\_\_

Birthdate: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(House and Street) (City) (Province) (Postal Code)

Legal Land Description / Physical Address  
(if mailing address is PO Box or RR delivery): \_\_\_\_\_

Medical Information  
(i.e. medical conditions, allergies, etc.): \_\_\_\_\_

### Parent/Guardian Contact 1

### Parent/Guardian Contact 2

### Parent/Guardian Contact 3

First & Last Name: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, Postal Code: \_\_\_\_\_

City, Postal Code: \_\_\_\_\_

City, Postal Code: \_\_\_\_\_

Relationship to  
Student: \_\_\_\_\_

Relationship to  
Student: \_\_\_\_\_

Relationship to  
Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Student is living with (check ALL applicable boxes)  Priority 1  Priority 2  Priority 3  Other \_\_\_\_\_

### Emergency Contact Information (in the event the above contacts are unavailable)

#### Emergency Contact 1

#### Emergency Contact 2

#### Emergency Contact 3

First & Last Name: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

First & Last Name: \_\_\_\_\_

Relationship to  
Student: \_\_\_\_\_

Relationship to  
Student: \_\_\_\_\_

Relationship to  
Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

***Please ensure this emergency contact is advised that their name has been used for this purpose.***

I hereby certify that the foregoing information is true, correct and complete to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_