



STUDENT - REQUEST FOR RECORDS INFORMATION

**Please return this form to the school office as soon as possible. The school will forward this information to Public Health
OR you can return the information directly to your local Public Health Office.**

Child's Last Name: _____ First: _____

Middle Name: _____ Other Names/Surnames: _____

Female: ☐ Male: ☐ Date of Birth: _____ (Day, Month, Year)

P.H.N. (Personal Health Number- Alberta Health Care Number): _____

Present School: _____ Grade: _____ Teacher: _____

Home Mailing Address: _____

(House Number and Street Address, City, Town, Province, Postal Code)

Home Phone Number: _____

Father/Guardian Name: _____ Work Phone or Cell Phone: _____

Mother/Guardian Name: _____ Work Phone or Cell Phone: _____

Other Children	Date of Birth	PHN (Personal Health No.	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Address: _____

Previous School/Health Units: _____

Other Comments: _____