



# WETASKIWIN REGIONAL PUBLIC SCHOOLS

*"Inspiring students to become the best they can be."*

FORM 178-1

## STUDENT INFORMATION CHANGE

This form is used to confirm changes to a student's registration demographic information. This form must be signed by a Parent or Legal Guardian.

### STUDENT NAME & DATE OF BIRTH *Legal Name and Date of Birth Must be Completed*

**Student Legal Name** (First, Last): \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Unspecified

**Preferred Name** (if different from Legal Name): \_\_\_\_\_

(the name in the Student Information System, the name to be used for all school records, reports, and formal written communications).

### STUDENT ADDRESS *(please complete only if there is a change to the student's current information)*

#### Mailing Address:

House Number: \_\_\_\_\_ Street: \_\_\_\_\_ Box: \_\_\_\_\_ RR: \_\_\_\_\_

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

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

#### Physical Address: *(if different than mailing)*

House Number: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Blue Sign: \_\_\_\_\_

Legal Land Description:

Pt Section: ☐ NE ☐ NW ☐ SE ☐ SW, Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Meridian: \_\_\_\_\_

### CONTACT PERSON – Priority #1

*(please complete IF there is a change to the student's current information, leave blank if no change)*

Name (First, Last): \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #1: \_\_\_\_\_ ☐ Home ☐ Mobile ☐ Work

Phone #2: \_\_\_\_\_ ☐ Home ☐ Mobile ☐ Work

Email: \_\_\_\_\_ ☐ **check if emergency contact person only**

### CONTACT PERSON – Priority #2

*(please complete IF there is a change to the student's current information, leave blank if no change)*

Name (First, Last): \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #1: \_\_\_\_\_ ☐ Home ☐ Mobile ☐ Work

Phone #2: \_\_\_\_\_ ☐ Home ☐ Mobile ☐ Work

Email: \_\_\_\_\_ ☐ **check if emergency contact person only**

## MEDICAL INFORMATION

*(please complete ONLY IF there is a change to the student's current medical information on record.  
Leave blank if no change.*

---

---

---

## GUARDIANSHIP/CUSTODY/ACCESS RIGHTS

*(please complete IF there is a change to the student's current information, leave blank if no change)*

**Legal guardians** of the student must be identified to ensure each party's rights are respected. If a Court Order exists **changing** guardianship, custody or access rights, a copy of the Order is required to be placed on the Student Record. In rare instances a child may be designated as 'protected' if a court issues a restraining order under the *Child Welfare Act*, the *Divorce Act*, the *Young Offenders Act* or similar legislation.

☐ ☒ Check this box to indicate YES, there is a change in guardianship, custody or access rights for the student named on this form. **A copy of the Order is required to be placed on the Student Record. Please provide a copy of such Order along with this form.**

## PARENT/LEGAL GUARDIAN CONSENT:

I confirm and give consent to Wetaskiwin Regional Public Schools to make the indicated changes to my student's registration demographic information in the Student Information System.

Parent/Legal Guardian Full Name: \_\_\_\_\_  
\_\_\_\_\_

Date:

Month\_\_\_\_\_Day\_\_\_Year\_\_\_\_\_

---

\*A copy of this form will be filed to the student record

*In accordance with the Freedom of Information and Protection of Privacy Act (FOIP Act), personal information collected on this form is part of the district registration process and is authorized under the provisions of the Education Act and its regulations, and also under Section 33 of the FOIP Act. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and ensure a safe and secure school environment. If you have questions, contact the FOIP Coordinator at (780)352-6018.*