

Emergency Contact Form

Student Information

Student's First Name:

Student's Last Name:

Grade in 2020-2021:

Date of birth (DD/MM/YYYY):

Gender:

Emergency Contact information *

In case of emergency please contact :

Emergency Contact 1

First and Last Name :

Relationship to student:

Address: Apt # and Street Name :

City :

Province :

Postal Code :

Phone number:

Emergency Contact 2

First and Last Name :

Relationship to student:

Address: Apt # and Street Name :

City :

Province :

Postal Code :

Phone number:

*(The emergency contacts cannot be parents or guardians and must live within Alberta)