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penfield@sd72.bc.ca

Date of Form Completion: _____

Legal Name (if different than above): _____

Allergies: No ☐ Yes ☐ If yes, please list here: _____

Mailing Address (if different): _____

Name of Parent/Guardian: _____

Last Name *First Name*

Relationship: _____ Email: _____

Phone: _____ Cell: _____

Inuit Ancestry ☐



Parent/Guardian Name: _____