

Career & Work Exploration
Student Contact Information Sheet

Student First Name: _____ **Student Last Name:** _____

Date of Birth: _____
Day, Month, Year

Address: _____ **Postal Code:** _____

Grade Enrolled In: _____

Student Cell Phone Number: _____

Student E-mail Address: _____

Saskatchewan Health Card Number: _____

Accommodations Required: _____

Emergency Contact Name: _____

Emergency Contact Phone Number:

Home _____ **Work** _____

Cell _____

Emergency Contact Relationship to Student: _____

Career & Work Exploration Teacher Contact Information:

Teacher Name:

Work Number: 306-

Cell:

E-mail Address: @spiritsd.ca

Work Placement Contact Information:

Work Placement Location: _____

Supervisor Name: _____

Supervisor Phone Number: _____

Supervisor E-mail Address: _____