



BSID#665736
(Ministry of Education Inspected)



REGISTRATION FORM

STUDENT'S PERSONAL INFORMATION

SURNAME (Family Name)			GIVEN NAME				SEX			
							Male			
							Female			
DATE OF BIRTH		CITIZENSHIP	FIRST LANGUAGE	COUNTRY OF BIRTH	TELEPHONE (Work or Home)			TELEPHONE (Mobile)		
YYYY	M	DD			CO.	Area	Phone Number	CO.	Area	Phone Number
PERSONAL EMAIL			PERMANENT MAILING ADDRESS							
CITY			PROVINCE / STATE		COUNTRY			POSTAL CODE / PIN		

DECLARATION: By signing this registration form, I, hereby, undertake to abide by all the school guidelines and policies and all terms and conditions, outlined in the school calendar.

Referral Name: _____ (Compulsory)

(Signature of Student)

FAMILY INFORMATION (PARENT / GUARDIAN₁)

SURNAME (Family Name)			GIVEN NAME				DATE OF BIRTH		
							YYYY M DD		
RELATIONSHIP TO STUDENT	MARITAL STATUS	PERSONAL EMAIL		TELEPHONE (Work or Home)			TELEPHONE (Mobile)		
				CO. Code	Area Code	Phone Number	CO. Code	Area Code	Phone Number
ADDRESS (If different from student)				CITY	PROVINCE / STATE	COUNTRY	POSTAL CODE		
OCCUPATION:									
APPROXIMATE ANNUAL INCOME:									

DECLARATION: By Signing this registration form, I, hereby declare that I, as a Parent / Guardian of the above mentioned student, will be responsible for all financials and legal responsibilities of the student, that may arise during the whole period of study.

(Signature Of Parent/Guardian 1)

FAMILY INFORMATION (PARENT / GUARDIAN 2)

SURNAME (Family Name)		GIVEN NAME				DATE OF BIRTH		
						YYYY	M	DD
RELATIONSHIP TO STUDENT	MARITAL STATUS	PERSONAL EMAIL	TELEPHONE (Work or Home)			TELEPHONE (Mobile)		
			CO. Code	Area Code	Phone Number	CO. Code	Area Code	Phone Number
ADDRESS (If different from student)				CITY	PROVINCE / STATE	COUNTRY	POSTAL CODE	
OCCUPATION:								
APPROXIMATE ANNUAL INCOME:								

DECLARATION: By Signing this registration form, I, hereby declare that I, as a Parent / Guardian of the above mentioned student, will be responsible for all financials and legal responsibilities of the student, that may arise during the whole period of study.

(Signature Of Parent/Guardian 2)

TERM APPLICATION DETAILS

STARTING TERM APPLYING FOR				GRADE/CLASS APPLYING FOR							
Fall	Winter	JK	1	3	5	7					
<i>(Sep. - Jan.)</i>	<i>(Feb. - May.)</i>	SK	2	4	6	8					

SCHOOL INFORMATION

NAME OF THE SCHOOL:
ADDRESS OF THE SCHOOL:

CUSTODIAN/ RELATIVE/ FRIEND IN CANADA (If Available)

SURNAME (Family Name)		GIVEN NAME			RELATIONSHIP TO STUDENT			
ADDRESS				CITY	PROVINCE			
COUNTRY	POSTAL CODE	TELEPHONE (Work or Home)			TELEPHONE (Mobile)			EMAIL
		CO. Code	Area Code	Phone Number	CO. Code	Area Code	Phone Number	

MEDICAL INFORMATION

1. Does the student have any of the following medical conditions? Please check all that apply or leave blank if not any

<input type="checkbox"/> Seizure-disorder / Epilepsy	<input type="checkbox"/> Severe asthma	<input type="checkbox"/> Serious heart condition	<input type="checkbox"/> Blood clotting disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dangerous allergy (<i>anaphylaxis</i>)	<input type="checkbox"/> Other (<i>Please specify</i>):	

Attach medical protocol document / LIST OF MEDICATIONS / DOCTOR'S NOTE, if applicable.