



**REGISTRATION FORM**

<b>STUDENT NAME:</b>	(Last)	(First, Middle name)
<b>HOME ADDRESS:</b>		
<b>CITY:</b>		<b>PROVINCE:</b>
<b>POSTAL CODE:</b>		<b>TELEPHONE:</b>
<b>DATE OF BIRTH (YR, MM,DD):</b>		
<b>GENDER:</b>	MALE	FEMALE
<b>FATHER'S NAME:</b>		TELEPHONE #
<b>MOTHER'S NAME:</b>		TELEPHONE #
<b>SCHOOL ATTENDING ON WEEK DAYS:</b>		
<b>CURRENT GRADE:</b>		
<b>LANGUAGES SPOKEN AT HOME:</b>	ENGLISH    FRENCH    ARABIC OTHER    PLEASE LIST _____	
<b>STUDENT STATUS:</b>	CANADIAN CITIZEN    LANDED IMMIGRANT    STUDENT VISA	
<b>STUDENT'S HEALTH CARD #</b>	VC. _____	
<b>FAMILY DOCTOR:</b>	TELEPHONE: _____	

HAS YOUR CHILD ANY HEALTH PROBLEMS I.E. (ASTHMA, DIABETES) OR IS ON ANY MEDICATION OR NEEDS ASSISTANCE WITH MEDICATION PLEASE WRITE THEM DOWN BELOW SO THAT WE MAY ASSIST YOUR CHILDE BETTER.

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*EMERGENY CONTACT (other than parents):*

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ RELATIONSHIP TO PARENTS: \_\_\_\_\_

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_