



Where Faith and Learning Meet Life

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Student Registration Form – 2012 – 2013

STUDENT INFORMATION:

Name: _____
Surname First Name Middle Name
Birth Date: [] [] [] Age: [] Gender: M F
Year Month Day
Home Address: _____
City: _____ Postal Code: _____
Home Phone #: _____ Parent's e-mail address: _____
Previous School Attended: _____
Church You Attend: _____
Chapter Membership: _____

PARENT INFORMATION:

Mother's Name: _____
Employer: _____
Work Telephone #: _____ Ext. _____
Father's Name: _____
Employer: _____
Work Telephone #: _____ Ext. _____

MEDICAL INFORMATION:

Student Health Insurance Number: _____
Doctor's Name: _____
Doctor's Telephone Number: _____
Student's Medical History: _____
Please report any medical concerns of which the school should be aware e.g. allergies, physical ailments, drug reactions, medications used regularly, Medic Alert bracelet, etc.

EMERGENCY CONTACT INFORMATION:

If the parent(s) are unavailable, the school should contact the following person:
Person's Name: _____
Telephone Number: _____ Relative _____ or _____

- NOTE:
- ◆ If enrolment for a course needs to be curtailed, then the date that the completed "Registration Form" was returned will be used as the criteria for who is admitted to the elective. Alternate courses chosen may be substituted for an elective, in order of preference, without further consultation.
 - ◆ Optional courses are offered only if there is sufficient enrolment and available staff.
 - ◆ **I approve course choices on the reverse side.**

Student Signature

Parent/Guardian Signature

