
STUDENT REGISTRATION FORM

STUDENT INFORMATION

LEGAL FAMILY NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME(S)
USUAL FAMILY NAME (if different)	USUAL FIRST NAME (if different)	USUAL MIDDLE NAME(S) (if different)
GENDER:	BIRTH DATE (YYYY MM DD)	STUDENT NUMBER:

LAST GRADE COMPLETED:	
PARENT / GUARDIAN CONTACT NAMES AND PHONE NUMBERS:	
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
HOME ADDRESS:	
POSTAL CODE:	HOME PHONE:
SIBLINGS	
Name:	Age:
Name:	Age:
Name:	Age:
EMERGENCY CONTACT NAME:	
Relation to student:	Phone:
MEDICAL CONDITIONS/ALLERGIES (INCLUDING TREATMENT REQUIRED)	
MEDICATION REGULARLY TAKEN:	
DOCTOR NAME:	PHONE:
STUDENT'S MEDICAL NUMBER:	
ADDITIONAL COMMENTS	