



STUDENT REGISTRATION

International Languages Program (Elementary)

200 - **200**
Year Start Year End

PLEASE PRINT ALL INFORMATION

Int. Lang. School: _____ Language: _____ Grade: _____

Last Name: _____ First Name: _____

Date of Birth: ___/___/___ Age: ___ Parent/Guardian Name: _____
Day Month Year

Address: _____ City: _____

Postal Code: _____ Phone (H): () _____ Phone (B): () _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY (In absence of Parent/Guardian):

Person: _____ Phone: () _____

Relation to Student: _____

Specific Health Problem(s), if any: _____

If no one can be reached, I give permission to School Staff to take my child to the Hospital to receive treatment - if needed - :

Student Health Card #:

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Parent / Guardian Signature _____

Day School: _____ Grade: _____

School Board: _____

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|---------------------|--|---|
| 1. CATHOLIC School: | Returning Student <input type="checkbox"/> | New Student <input type="checkbox"/> |
| 2. PUBLIC School: | Returning Student <input type="checkbox"/> | New(Sibling) Student <input type="checkbox"/> |
| 3. PRIVATE School: | Returning Student <input type="checkbox"/> | New(Sibling) Student <input type="checkbox"/> |

Student Attended International Languages School before: YES NO

Student has GOOD FAIR NO knowledge of this language

Student is enrolled in another International Language Program: YES NO

(If YES) name of the Language: _____ School: _____

Parent is willing to serve as volunteer and/or on Parents' Committee: YES NO

Date _____

Signature of Instructor-in-charge _____

Signature of Parent / Guardian _____

WHITE - Instructor

YELLOW - Supervising Principal

PINK - Instructor-in-charge