



International Languages Program (Elementary)

# STUDENT REGISTRATION

20\_\_ - 20\_\_  
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): ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### 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: \_\_\_\_\_

- |                     |  |   |
|---------------------|--|---|
| 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 \_\_\_\_\_