

IL (Elem) REGISTRATION FORM

SESSION: FALL/WINTER 2017-2018

INTERNATIONAL LANGUAGE	SITE:
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STUDENT INFORMATION

PARENT(S)/GUARDIAN(S)/EMERGENCY INFO

Name: First / Last		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Date of Birth:		
Day	Month	Year
Student Ontario Education Number (OEN): (Found on Day School Report Card)		

Current Day School		
Name: _____		
City: _____		
Day School Grade: <input style="width: 50px; height: 20px;" type="text"/>		
Private School <input type="checkbox"/>	HWCDSB <input type="checkbox"/> OTHER <input type="checkbox"/>	Home Schooled <input type="checkbox"/>

Mother/Guardian	
First:	Last:
Father/Guardian	
First:	Last:
Parent/Guardian Contact Information	
Home:	Cell:
E-Mail Address:	
Emergency Contact	
First:	Last:
Emergency Contact Home/Cell Phone Number(s)	
Home:	Cell:
Home Address	
Street:	
City:	Postal Code:

<p><u>STUDENT MEDICAL/LEARNING NEEDS:</u></p> <p>Does your child have medical or learning needs which we should be aware of? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p><u>MEDIA RELEASE PERMISSION:</u></p> <p>From time to time, students' pictures will be taken and may be used for flyers, brochures, websites, and other promotional purposes by St. Charles Adult and Continuing Education Centres, the school board or communities.</p> <p>I/We hereby consent to the inclusion of any photographs of my/our child in class, in hall displays, in class projects, in promotional literature and the use of any photographs or videos.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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Parent/Guardian Signature _____
Head Instructor (Alternate) Signature: _____
Assigned Instructor: _____ First day of Attendance: _____