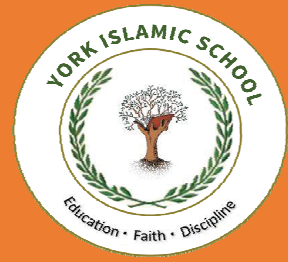


Registration Form



Registration Form: Last date to register is Friday May 26th 2017

PREVIOUS SCHOOL INFORMATION

Previous School Attended		Address	
Postal Code	City	Phone Number	Last Grade Attended
Does your child have any special needs? _____			
Is your child currently attending a special education class or has been recommended for one?			
What languages are spoken at home?			

HEALTH INFORMATION- please provide your family doctor's information in case of emergency.

Physician name		Phone Number	
Address		City	
Province	Postal Code	Ontario Health Card Number	
Are your child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Please specify _____			
Does your child have any medical/learning or physical disabilities that we need to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child need or carry an EpiPen or any other medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please specify: _____			

PLEASE INCLUDE THE FOLLOWING WITH APPLICATION:

- Copy of birth certificate/ citizenship
- Copy of immunization
- Copy of Health Card (OHIP)
- Copy of latest report card
- Financial agreement form
- Completely filled and signed registration form
- Registration Fee \$100 (Registration after May 26th 2017 will be \$150.00)
- Textbook/Supplies Fee \$100 (Please note a list of supplies needed for the school year will be provided and supplies must be handed in to the classroom teacher)
- Post-dated cheques for tuition fees (if needed)

SIGNATURE

As the Parent/Guardian, I understand that it is my responsibility to notify the school of any changes to my address, phone number or any other information mentioned in this form.

Parent/Guardian Signature _____ Date: _____