

International Languages – Elementary Registration Form

Summer: Year 2018

INTERNATIONAL LANGUAGE: _____

LOCATION: _____

STUDENT INFORMATION:

First Name _____ **Male**

Last Name _____ **Female**

Date of Birth: Day: _____ **Month:** _____ **Year:** _____

Address: (Number & Street) _____ **Apt Unit #** _____

City _____ **Postal Code** _____

Student Ontario Education Number (OEN) _____

Current Day School: _____ **Current grade:** _____

HWCSB **HWDSB** **PRIVATE SCHOOL** **HOME-SCHOOLED** **OTHER**

PARENT(S)/GUARDIAN(S)/EMERGENCY INFORMATION

Mother/Guardian: Last Name/First Name _____	Father/Guardian: Last Name/First Name _____
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Phone: Home _____	Phone: Home _____
Cell: _____	Cell: _____
E-mail: _____	E-mail: _____

Emergency Contact: Last Name: _____ **First Name:** _____

Home # _____ **Cell #** _____

Relation to Student _____

STUDENT MEDICAL / LEARNING NEEDS:

Does your child have medical, (i.e. allergies) or learning needs which we should be aware of? YES NO

If yes, please explain

MEDIA RELEASE PERMISSION:

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.

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.

YES NO

Parent/Guardian Signature: _____

To be completed by Head Instructor

Head Instructor: _____ **Assigned Instructor** _____

First day of Attendance: _____