

International Languages – Elementary Registration Form
(Please refer to the ILE flyer when choosing the Site).

Fall/Winter Year _____

Summer Year _____

INTERNATIONAL LANGUAGE: _____ SITE: _____

STUDENT INFORMATION:

First Name _____	Male <input type="checkbox"/>
Last Name _____	Female <input type="checkbox"/>
Date of Birth: Day: _____ Month: _____ Year: _____	
Address: (Number & Street) _____	Apt Unit # _____
City _____	Postal Code _____
Student Ontario Education Number (OEN) _____	<small>(upper left hand corner of report card)</small>
Current Day School: _____	Current grade: _____
<input type="checkbox"/> HWCDSB <input type="checkbox"/> HWDSB <input type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> HOME-SCHOOLED <input type="checkbox"/> OTHER <input type="checkbox"/>	

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

Mother/Guardian: Last Name/First Name _____	Father/Guardian: Last Name/First Name _____
Phone: Home _____ Cell: _____ E-mail: _____	Phone: Home _____ Cell: _____ E-mail: _____
Emergency Contact: Last Name: _____ First Name: _____ Home # _____ Cell # _____ Relation to Student _____	

<p><u>STUDENT MEDICAL / LEARNING NEEDS:</u></p> <p>Does your child have medical, (i.e. allergies) 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><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 align="right">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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Parent/Guardian Signature: _____

Head Instructor: _____	<small><i>To be completed by Head Instructor</i></small> Assigned Instructor _____
First day of Attendance: _____	