



# Student Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Class: \_\_\_\_\_

Address \_\_\_\_\_

City/Prov/Postal code \_\_\_\_\_

Parent #1: \_\_\_\_\_ Cell  
Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent #2: \_\_\_\_\_ Cell  
Name: \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Anybody else can pick up this student?

☐ No ☐ Yes \_\_\_\_\_

Does your child have any allergies?

☐ No ☐ Yes \_\_\_\_\_

Is there anything else we should know about your child?

☐ No ☐ Yes \_\_\_\_\_

❖ Where did you hear about us?

- |   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Friends referral | <input type="checkbox"/> WeChat      | <input type="checkbox"/> Kijiji   |
| <input type="checkbox"/> 51.ca            | <input type="checkbox"/> Google Map  | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Twitter          | <input type="checkbox"/> Other _____ |                                   |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## The Key to Success