



This form must be completed, and along with all documentation required, be brought to the office to complete registration.

NOTE: Students born after July 1<sup>st</sup> 1998 are considered YOUTH

Office Use Only:

Date of Registration(mm/dd/yyyy): / /	Student ID#
Book Deposit \$100.00 <input type="checkbox"/> Workbook Fee <input type="checkbox"/>	Course#
Total Fees Paid\$	Course#

Student Information

Legal last name:	Used first name:
Legal first name:	Legal middle name:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Apt or unit #	Street Address:
City:	Postal Code:
Home phone:	Cell phone:
Email:	
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent resident <input type="checkbox"/> Refugee <input type="checkbox"/> Work permit	Home language:
International student: \$1175.00 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country of birth:	Aboriginal ancestry <input type="checkbox"/> Yes <input type="checkbox"/> No
School currently attending:	Current grade level:
School counselor name:	Graduation program: <input type="checkbox"/> 80 credit <input type="checkbox"/> Adult
School counselor email:	
<b>Counselor/Administration Signature:</b>	

Parent/Guardian Information:

Name:	Name:
Relationship to student:	Relationship to student:
Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home phone:	Home phone:
Cell phone:	Cell phone:
Email:	Email:
<b>Parent/Guardian Signature:</b>	
<b>Parent/Guardian Signature:</b>	

The information on this form is collected under the authority of the School Act 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services, or support services as outlined in Section 79 (2) of the School Act. The information collected on this form will be consistent with the Freedom of International and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator

I certify that all statements on this application are true and complete and that no information has been withheld. I also acknowledge that it is my responsibility to ensure that I notify the school regarding any changes to the above information.

**Student Signature:**