



From one generation to the next...

Let's talk!

**REGISTRATION FORM
INTERNATIONAL LANGUAGE CLASSES**

Personal Information: student

Surname:		Given name:		Gender:
Address: no.:	street:		Apt.:	
City:	Province:	Postal code:		
Date of birth: day:		month :	year:	Age:
Ontario Health Card no.:				
Current school:			Grade:	
Special medical condition(s):				
Allergies:				
Medication to be used in case of allergic reaction:				
Name of doctor:				
Doctor's telephone number:				

Personal Information: parent(s) / guardians(s)

A	Surname:		Given name:	
	Telephone: home:		work:	other:
	Language spoken at home:			
B	Surname:		Given name:	
	Telephone: home:		work:	other:
	Language spoken at home:			

Course selection:

Other (email):	<input type="checkbox"/>	
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Signature (parent / tutor)

Date



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écoles publiques
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