

International Language Registration Form for New Students

Personal Information – PLEASE PRINT	
Legal First Name:	Legal Last Name:
Address:	City: Postal Code:
Phone #:	Gender: Female ___ Male ___
Birthdate: ___/___/___ YYYY/MM/DD	OEN: ___-___-___
Emergency Contact: _____	Phone #: _____
Relationship to student: _____	Alternate phone #: _____
Does student have any serious or potentially life-threatening conditions? ___yes ___no	
Medical Alert, Condition or Disability: _____	
Remedy available or Provided (e.g. epiPen) ___yes ___no	

Course Information	
Course Code:	Please attach a current CCS or Transcript with this form.
Name of Your High School: _____	

Citizenship		
Are you a Canadian Citizen?	YES ___ NO ___	Birth Province:
If NO, check one of the following:		
Permanent Resident: ___	Student Visa: ___	Other Visa: ___ Refuge: ___
Entry into Canada: ___/___ YYYY/MM	Birth Country:	

Authorization	
<i>I understand that after three absences I will be removed from the course. 2 significant lates will be recorded as one absence. I will be responsible for books, materials or other equipment loaned to me and I will pay for any loss or damage. There are no course changes.</i>	
Signature of student:	
Signature of Parent or Guardian: (If student is under 18 years of age)	
Counsellor's Name:	Counsellor's signature:
Note: By signing this registration, the Home School has verified the citizenship. VISA/International students must contact Margo Jones at the WCDSB office to pay fees and bring receipt to main office at St. Louis.	

Office Use Only		
CCS Attached:	Date Rec'd:	Date Entered: