



REGISTRATION FORM

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____
MIDDLE INTITAL _____ GENDER _____
D.O.B (YY/MM/DD) _____ CURRENT AGE _____
HOME ADDRESS _____

CITY _____
PROVINCE / STATE _____
COUNTRY _____
POSTAL CODE / ZIP _____

PARENT GUARDIAN INFORMATION

LAST NAME _____ FIRST NAME _____
EMAIL _____ MOBILE _____
HOME ADDRESS (IF DIFFERENT THAN ABOVE)
HOME ADDRESS _____

CITY _____
PROVINCE / STATE _____
COUNTRY _____
POSTAL CODE / ZIP _____
RELATIONSHIP TO STUDENT _____

STUDENT EDUCATION

GRADE APPLYING FOR _____

CURRENT SCHOOL _____

CURRENT SCHOOL (CITY) _____

DOES YOUR CHILD HAVE AN IEP IN PLACE: YES OR NO

HAS THIS STUDENT EVER BEEN SUSPENDED: YES OR NO

ATHLETIC INFORMATION

CURRENT TEAM _____

CURRENT LEVEL _____

CURRENT POSITION _____

I certify that all information contained in this application and in all supplemental materials which I shall submit, is accurate and true. I further understand that any submitted records and documents will not be returned. Copies of original documents are acceptable. All personal information is protected under the Personal Information Protection and Electronic Documents Act.

Parent/Guardian Signature Date
