



STUDENT INFORMATION

Name: _____
(Last) (First) (Middle)

Gender: Male Female Not specified

Date of Birth (MM/DD/YY): _____ Age: _____ Grade This Year: _____

Intended Commencement Date of School This School Year: _____

Address: _____
(Number and Street) (City) (Province) (Postal Code)

Home Phone Number: _____

Last School Attended: _____
(Name of School) (City) (Province) (Postal Code)

Name(s) of sibling(s) registered in Home-Based Education: _____

PARENT/GUARDIAN CONTACT INFORMATION

Contact 1: _____

Address: Same or _____ E-mail: _____

Cell Phone: _____

Contact 2: _____

Address: Same or _____ E-mail: _____

Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____

In which school division do parents/guardians reside?
Light of Christ Catholic School Division or Other (specify): _____

First Language spoken at home: _____ Other Languages spoken at home: _____