

ST. HELEN'S SCHOOL
INTERNATIONAL STUDENT PRE- REGISTRATION FORM

(PLEASE PRINT)

LEGAL FAMILY NAME _____ HOME PHONE# _____

ADDRESS _____ CITY _____ COUNTRY _____

FATHER'S NAME _____ FATHER'S CELL # _____ MOTHER'S NAME _____ MOTHER'S CELL # _____

FATHER'S CITIZENSHIP _____ MOTHER'S CITIZENSHIP _____

CATHOLIC/other RELIGION _____ * EMAIL ADDRESS _____

*Provide copy of Baptism & Communion certificates

**REQUESTED DATES TO ATTEND ST. HELEN'S _____ (Please Print)

	1 ST STUDENT	2 ND STUDENT
LEGAL FIRST NAME		
Legal Middle Name		
Usual First Name (*English Name)		
Gender (Male or Female)		
Grade requested		
Birth date	Day Month Year	Day Month Year
Place of Birth (If Canada, state Province If other, state country)		
Citizenship (*provide <u>copy</u> of passport)		
Medical Carecard # (or private insurance info)		
Medical concerns/allergies (Confidential)		
LEVEL OF ENGLISH High / Medium / Low		

PLEASE NOTE: Regarding Citizenship - State your residential status in Canada i.e. Canadian Citizen, PR, Landed Immigrant, Student Visa, Non-Resident, Special Status etc. **YOU MAY BE ASKED TO PROVE LEGAL STATUS IN CANADA BY THE SCHOOL OR THE AUDITOR.**

GUARDIAN'S NAME CITIZENSHIP

ADDRESS TELEPHONE (Home)

* EMAIL ADDRESS CELL #

PERSON TO CONTACT IN EMERGENCY (other than the parent or guardian)

NAME TELEPHONE RELATIONSHIP

NAME TELEPHONE RELATIONSHIP

LAST SCHOOL YOUR CHILD/CHILDREN ATTENDED (new students only, Name, Address, Telephone #, and Grade)

MY CHILD WILL REQUIRE BUS SERVICE: YES _____ NO _____ (A.M. _____ or P.M. _____)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS CORRECT & COMPLETE

Father's Signature Mother's Signature Date

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Office Use Only: Baptism Certificate _____ Communion Certificate _____

Registration Fees _____ Activity Fee _____ Hot Lunch _____ Tuition Fees _____

Bus Fees _____ Commitment Form _____

Passport _____ Visa _____ MSP (Priv. Medical) _____

****HOMESTAY FAMILY'S NAME**

ADDRESS CITY POSTAL CODE

TELEPHONE (Home) CEL # *EMAIL ADDRESS