

ST. HELEN'S SCHOOL
INTERNATIONAL STUDENT APPLICATION FORM

LEGAL FAMILY NAME (PLEASE PRINT/TYPE above the line) **HOME PHONE#**

ADDRESS **CITY** **COUNTRY**

FATHER'S NAME **FATHER'S CELL #** **MOTHER'S NAME** **MOTHER'S CELL #**

FATHER'S CITIZENSHIP **MOTHER'S CITIZENSHIP** (Copy of passport/visitor document)

****WILL A PARENT HAVE A VALID WORK OR STUDY PERMIT? YES _____ NO _____ (If yes send a copy)**

CATHOLIC/other RELIGION *** EMAIL ADDRESS**

****Provide a copy of Child's Baptism & Communion certificates**

****DATES TO ATTEND ST. HELEN'S FROM _____ TO _____**

	1ST STUDENT	2ND 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 a copy 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.

***PARENTS ARE TO SEND A COPY OF THEIR PASSPORT/VISA DOCUMENTS IF ACCOMPANYING THEIR CHILD IN CANADA TO PROVE LEGAL STATUS IN CANADA.**

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 Fee _____ Capital Fee _____ Activity Fee _____ Tuition Fees _____

Bus Fees _____ Commitment Form _____ Parent work/study permit? _____

Passports _____ Study permit exp: _____ MSP (Priv. Medical) _____

**HOMESTAY FAMILY'S NAME

ADDRESS CITY POSTAL CODE

TELEPHONE (Home) CEL # *EMAIL ADDRESS