



Student Information Form

Applicant Full Name: _____

Current School: _____ Current Grade: _____

Applicant Cell Phone (For Emergencies Only): _____

Applicant Email: _____

Birth Date: ____/____/____ (month/day/year) Gender: _____

First Language Spoken: _____

Parent 1/Guardian 1

Name: _____

Home Address: _____

City: _____ Province: _____

Postal Code: _____

Country: _____

Primary Telephone: _____

Secondary Telephone: _____

Email: _____

Parent 2/Guardian 2

Name: _____

Home Address: _____

City: _____ Province: _____

Postal Code: _____

Country: _____

Primary Telephone: _____

Secondary Telephone: _____

Email: _____

Student Lives with (Both Parents/Parent 1 Only/Parent 2 Only/ Guardian): _____

Communications should be sent to: _____



Health Information Form

A. Student Information

Name: _____
Birthdate: ___/___/___ (month/day/year)
Health Card Number: _____

B. Emergency Contact

1. Primary Emergency Contact

Name: _____ Relation to Student: _____
Phone Number (During School Hours): _____

2. Secondary Emergency Contact

Name: _____ Relation to Student: _____
Phone Number (During School Hours): _____

C. Health Information

Family Doctor's Name: _____
Doctor's Address: _____
Phone Number: _____
Any serious illnesses, injuries, or operations? If so, please describe:

Any psychological/educational challenges or assessments? If so, please describe:

Please specify any medical condition(s) of which we should be aware, physical or psychological, and attach any relevant reports

Allergies: _____
Medications: _____