

School Year 2019-2020

Grade: _____

Registration Form for International Languages Program

Language: _____

Location: _____

Section A

Personal Information

OEN : _____
Required for students currently attending school

Last Name _____ Legal First Name _____ Known As _____

Address: _____
Street _____ City _____ Postal Code _____

Telephone: _____ Date of Birth: _____ Age: _____ Gender: M F
YYYY MM DD

Email Address: _____

I am an Adult, 18 or over For adult students attending an elementary class there is a fee of \$190 payable to WRDSB.

Section B

Are you a Canadian Citizen? Yes No

Provide copy of proof, Birth Certificate, Immigration Papers, Passport, Other

If no, what is your status? _____

Verification Documents: _____

Student is currently registered in a WRDSB School

Current Grade: _____

Current School: _____

Student is registered in a different School Board or Student is Home Schooled (provide report card)

School Name: _____

School Address: _____ City: _____

Section C

Emergency and Medical Information - Required for ALL students registering

Person to contact in an emergency:

1st. Person: _____ 2nd. Person: _____

Relationship: _____ Relationship: _____

Cell Phone: _____ Cell Phone: _____

Is EpiPen Required? Yes No

Emergency Comment: _____
(any medical information you feel the school should know about)



Signature of Parent/Guardian _____
or Student if 18 or older:

Date: _____