

Registration Form

Please complete information below

1. Student's Information

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ M F

Mother

First Name: _____ Last Name: _____

Address: _____

Home no.: _____ Cell no.: _____

Email: _____ Bus no.: _____

Father

First Name: _____ Last Name: _____

Address: _____

Home no.: _____ Cell no.: _____

Email: _____ Bus no.: _____

Custody: _____ Mother Father Both

Guardian: _____

If there is a custody arrangement, please disclose arrangement and documents.

2. Medical Information

Are there any medical conditions? _____

Has your child been immunized as required by the Education Act? _____

Are there any Allergies? _____

If yes, please specify _____

If yes, what are the symptoms and treatment? _____

Has your child been diagnosed with special or behaviour needs? _____

If yes, please specify _____

3. General Information

What languages are spoken at home? _____

What is your objective in signing your child up for French tutoring? _____

What are your child's interests? _____

What are your child's strengths and areas of improvement? _____

What brings your child joy? _____

What is your child's favourite thing to do at home? _____

Please see addendum for class times, locations and fees.