



**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 \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

INTERNATIONAL STUDENTS ATTENDING ST. MARY'S FOR THE SCHOOL YEAR \_\_\_\_\_ (PLEASE PRINT)

	1 <sup>ST</sup> STUDENT	2 <sup>ND</sup> STUDENT
LEGAL FIRST NAME		
LEGAL MIDDLE NAME		
USUAL FIRST NAME (English Name)		
GENDER (MALE OR FEMALE)		
GRADE IN SEPTEMBER		
BIRTH DATE	DAY MONTH YEAR	DAY MONTH YEAR
PLACE OF BIRTH If Canada, state Province If other, state country		
CITIZENSHIP		
MEDICAL CARECARD #		
MEDICAL CONCERNS (Confidential)		
VACCINATION DOCUMENTS		

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





\_\_\_\_\_  
 GUARDIAN'S NAME CITIZENSHIP

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 TELEPHONE (Home) 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)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Father's Signature Mother's Signature Date

OFFICE USE ONLY:

Registration Fees \_\_\_\_\_ Activity Fee \_\_\_\_\_ Tuition Fee \_\_\_\_\_ Commitment Form \_\_\_\_\_

Passport \_\_\_\_\_ Visa \_\_\_\_\_ MSP (Medical) \_\_\_\_\_

\_\_\_\_\_  
 HOMESTAY FAMILY'S NAME

\_\_\_\_\_  
 ADDRESS CITY POSTAL CODE

\_\_\_\_\_  
 TELEPHONE (Home) CELL #

