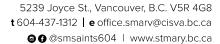


## **PLEASE PRINT**

LEGAL FAMILY NAME				HOME PHO	DNE#
ADDRESS	CITY		COUNTRY		
FATHER'S NAME FATHER'S NAME	ATHER'S CELL#	MOTHER'S I	NAME	MOTHER'S	S CELL#
FATHER'S CITIZENSHIP	ITIZENSHIP		MOTHER'S CITIZENSHIP		
CATHOLIC/OTHER		EMAIL ADDF	RESS		
INTERNATIONAL STUDENTS A	ATTENDING ST. MARY'S F	OR THE SCHOOL YE	AR	(PLEASE	E 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 MON	NTH 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 EMER	RGENCY (other than the parent or g	uardian)	
NAME	TELEPHONE	RELATIONSHIP	
NAME	TELEPHONE	RELATIONSHIP	
LAST SCHOOL YOUR CHILD/CH	IILDREN ATTENDED (new students o	nly, Name, Address, Telephone # and Grade)	
I HEREBY CERTIFY THAT THE A	ABOVE INFORMATION, TO THE BE	ST OF MY KNOWLEDGE, IS CORRECT	
Father's Signature	 Mother's Signatu		
OFFICE USE ONLY:			
Registration Fees Activ	ity Fee Tuition Fee	Commitment Form	
Passport Visa	MSP (Medical)		
HOMESTAY FAMILY'S NAME			
ADDRESS	CITY	POSTAL CODE	
TELEPHONE (Home)	CELL #		