



Student Registration Form

First Name _____ Last Name _____

Class: _____

Address _____

City/Prov/Postal code _____

Parent #1: Name: _____ Cell Phone _____

Email _____

Parent #2: Name: _____ Cell Phone _____

Email _____

Anybody else can pick up this student?

No Yes _____

Does your child have any allergies?

No Yes _____

Is there anything else we should know about your child?

No Yes _____

❖ Where did you hear about us?

- Friends referral WeChat Kijiji
 51.ca Google Map Facebook
 Twitter Other _____

Parent Signature: _____ Date: _____

The Key to Success