



please print

<input type="checkbox"/> Grade 7 English	<input type="checkbox"/> Grade 8 English
<input type="checkbox"/> Grade 7 French Immersion	<input type="checkbox"/> Grade 8 French Immersion

PART A - STUDENT INFORMATION			
DOB (mm/dd/yyyy):	OEN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal Surname:	House #:	Apt. #:	P O Box:
Legal Given & Middle Name:	Street Name:		RR#:
Last school attended:	City:	Postal Code:	
Proof of Age: <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Baptismal Cert. <input type="checkbox"/> Other	Telephone: <input type="checkbox"/> Unlisted		
<input type="checkbox"/> Canadian Citizen Province of Birth:	<input type="checkbox"/> Landed Immigrant Status Country of Birth:	Entry Date to Canada: First Language:	
Do you have any siblings attending St. Charles College? If yes, Name(s):			
Religion/Parish:			
Aboriginal Status: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit			
PART B - PARENT/GUARDIAN INFORMATION			
<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian		<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian	
Surname, Given Name: Title - Mr. Other:		Surname, Given Name: Title - Miss Mrs Ms Other:	
(if different from student's address)		(if different from student's address)	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Home #:	Cell #:	Home #:	Cell #:
Business #:	Ext.	Business #:	Ext.
Email:		Email:	
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Legal guardians Other (Please identify):			
PART C - EMERGENCY CONTACT INFORMATION			
In an emergency, the school will attempt to call either of the parent(s)/guardian(s). The information given here will only be used IF NEITHER PARENT(S)/GUARDIAN(S) can be reached.			
Contact Person's Name:		Relationship to Student:	
Telephone:	Ext.	Cell #:	
Medic Alert Condition:			
Disability Condition:			
If your son/daughter has a particular medical problem that the school should know about in case of an emergency, please list it here:			
Revised: June 2015			

Parent/Guardian Signature: _____ Date: _____