

**ENGLEFELD PROTESTANT SEPARATE SCHOOL
REGISTRATION FORM**

SURNAME _____ FIRST _____ MIDDLE _____

BIRTHDATE _____

FATHER'S NAME _____ MOTHER'S NAME _____

P.O. BOX _____ TOWN _____ POSTAL CODE _____

HOME PHONE NUMBER _____ © # _____

FATHER'S WORK _____ PHONE # _____

MOTHER'S WORK _____ PHONE # _____

FAMILY PHYSICIAN _____ PHONE # _____

**IN CASE OF EMERGENCY PLEASE INCLUDE THE NAME AND PHONE NUMBER
OF ANOTHER CONTACT PERSON:**

Name: _____ Ph # _____ © # _____

SIBLINGS IN SCHOOL – OLDER

YOUNGER

MEDICAL INFORMATION

ANY MEDICAL CONDITIONS OF WHICH THE SCHOOL SHOULD BE AWARE

____ YES ____ NO

____ ASTHMA

____ ALLERGIES (PLEASE SPECIFY) _____

____ EPILEPSY

____ OTHERS (PLEASE SPECIFY) _____

IS THE STUDENT ON MEDICATION FOR ANY OF THE ABOVE CONDITIONS? ____ YES ____ NO

IF YES, PLEASE SPECIFY _____

THANK YOU FOR YOUR COOPERATION

O V E R

Permanent Physical Address Information

Do A or B

A. If you live in a city town or village

Street Address _____

B. Land Location

Quarter Section _____

Section _____

Township _____

Range _____

Meridian _____

Country of Origin and Language, if new to Canada _____

E-mail address _____

Are you willing to use e-mail as a form of communication with the school?(newsletter)

Yes _____

No _____

Health Card Number _____

The school also needs your permission to post your child's name or picture to our town website.

_____ Parent Signature

Bus Students Only:

In case of a winter storm and in the event that the buses cannot run, the school would like to have a plan in place in case this event arises. Please make arrangements with someone in your child's grade or relative.

My child(ren) will be staying at _____.