



# CANADA WORLD EDUCATION®

CWE Enrolment Form Student Information					
Course Name:	Course Code:				
Student Name: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">Surname</td> <td style="width: 50%; text-align: center; border: none;">First Name</td> </tr> </table>	Surname	First Name	<input type="checkbox"/> Returning CWE Student  <input type="checkbox"/> New Student		
Surname	First Name				
Date of Birth (DD/MM/YY): _____ / _____ / _____  Age: _____  Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others: _____					
Address:	City:				
Postal Code:	Home Phone #:				
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visa Student					
Parent/Guardian Information					
Parent/Guardian #1	Parent/Guardian #2				
Name: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">Last</td> <td style="width: 50%; text-align: center; border: none;">First</td> </tr> </table>	Last	First	Name: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">Last</td> <td style="width: 50%; text-align: center; border: none;">First</td> </tr> </table>	Last	First
Last	First				
Last	First				
Email:	Email:				
Phone #:	Phone #:				
Home Address:	Home Address:				

## Student Medical Information

Student Name:

Health Card #:

Insurance  
Company Name:

Insurance Policy #:

Does the Student have any allergies?

YES

NO

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does the student require an EPI-PEN?

YES

NO

Is the student diagnosed with asthma?

YES

NO

Does the student require an inhaler?

YES

NO

Are there any medical, emotional, or social problems the school should be aware of:

Does your child take any medication that the school should be aware of:

## Emergency Contact

Contact #1

Contact #2

Name:

Last

First

Name:

Last

First

Relationship to Student:

Relationship to Student:

Home Phone #:

Home Phone #:

Cell Phone #

Cell Phone #:

## Academic Information

Current School Name Name:

Address:

City:

Postal Code:

Country:

Has the student ever been enrolled in a Special program? (eg., French Immersion, Gifted, Special Education)

YES

NO

If Yes, please describe: \_\_\_\_\_

Has the student ever been through An IPRC review?

YES

NO

Has the student ever been suspended Or expelled?

YES

NO

**Please sign to confirm that all information above is complete and correct**

**Parent's or Guardian's Signature:**

Date:

**Student's Signature:**

Date: