



CANADA WORLD
EDUCATION

Canada World Education Centre

Student Registration Form

Student number	Ontario Education number (OEN)	Grade/home form	Admission Date yyyy/mm/dd
Student information			
Legal Last name	Legal First name	Middle name	Gender
Usual last Name	Preferred First name	Birth date YYYY/MM/DD	female
			Male
			Other
Residential Address			
Home Phone Number	Apt Number	Street name	
P.O. Box	Town/City	Province	Postal Code
Student email:		Student phone number:	
Mailing Address (if different from above)			
Apt. No.	Street number	Street Name	
P.O. Box	Town/City	Postal Code	
General Student Information (must be completed in full)			
Previous School district	Previous School Name	Previous school Address	
Canadian birth cert	Canadian Citizenship Card	Other document	Country of Birth
Canadian passport	Permanent Resident Card		Languages Spoken 1 st -2 nd
Voluntary Confidential Self Identification for First Nation Metis, Inuit Students			
Health Factors (Must be Completed in Full)			
Asthma	Life threatening	Yes	No
Seizures	Life threatening	yes	No
Diabetes	Life threatening	yes	No
Allergies:		Life Threatening	Instructions:
Medication:			
Other:		Life Threatening	Instructions:
Medication:			
Emergency Contact Name:		Doctor:	
Phone:		Phone	

Parental Information (must be completed in full)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Both Parents		Father Only		Mother Only		Self (16+)		Legal Guardian		other	
Last Name:				First Name:				Language::			
Home Phone:			Cell:			Business:			Email:		
Last Name:				First Name:				Language			
Home Phone:			Cell:			Business:			Email:		
Address if different from Student:											

IF Parents Deceased Write Date(S)

Sibling Information (Must be 3 completed in Full)

Last Name	First Name	Relationship	Date of Birth	School grade

Additional information (International Student or other Information)

I hereby consent to receiving electronic communication Canada World Education for the duration of my child's education at the school. Signature: _____ Date: _____

REGISTRATION IS CONDITIONAL UPON RECEIPT OF THE ONTARIO STUDENT RECORD TO CONFIRM ADMISSION

Parent/Guardian or Student (18 or older)

Date:

Municipal Freedom of Information and Protection of Privacy Act: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1990, c.E-2, as amended. This information will be used for the Ontario Student Record and for administrative purposes.

In all instances, ORIGINAL documentation or officially certified true copies must be presented.