



STUDENT REGISTRATION FORM
PLEASE PRINT

STUDENT INFORMATION:

Start Date: _____

Student: _____
(Legal Last Name) (Legal First Name) (All names as listed on Birth Certificate)

Preferred Name: _____ **Hebrew Name:** _____

Birthdate: _____ **Hebrew Birthday:** _____
(Year-Month-Day)

Grade (in September): _____ **Male** **Female**

Place of Birth: _____ **Birth Certificate No.** _____ (attach copy)

Language Spoken at Home: _____

Last School Attended: _____

Contact Information of School: _____

Other Schools Attended: _____

Home Phone No. _____ **Primary Contact Cell No.** _____

Primary Contact Email: _____

Home Address: _____
(Apt./Street Number & Name)

(City) (Province) (Postal Code)

Citizenship: (Complete only if not born in Canada)

Canadian **Landed Immigrant** **Student Permit**

Certificate No. _____ (attach copy) **Expiry** _____

Medical Card No. _____