City:_____ Province: _____Postal Code:_____

Home Telephone: _____ Cell: _____

Business Phone: _____Email: _____

Occupation: _____

Parent/Guardian 2 Information

Title: _____

Name: _____

Home Address: _____

City:_____ Province: _____Postal Code:_____

Home Telephone: _____ Cell: _____

Business Phone: _____Email: _____

Occupation: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact 1 Information

Name: _____Relationship to student:_____
Telephone 1: _____ Telephone 2:_____

Emergency Contact 2 Information

Name: _____Relationship to student:_____
Telephone 1: _____ Telephone 2:_____

MEDICAL INFORMATION

Student Name: _____Gender: _____

Date of Birth (MM/DD/YY): _____