



APPLICATION/REGISTRATION

Date: _____

Name: _____ Sex: _____ Grade: _____

DOB: _____ Home Language: _____ Ethnicity: _____

Address: _____

Ward No: _____ Home Ph: _____ Shirt Size: _____

Parent's Name: _____

Additional Contact Numbers: _____

Parent's E-mail: _____

Student's educational and career goals:

Student's extra-curricular school activities, clubs or sports:

Does student have any special needs (medication)? _____ If so, explain:

Emergency Contact:

Name: _____

Address (If different from student): _____

Contact Numbers: _____

E-mail: _____

Signature of Parent/Legal Guardian _____