



REGISTRATION FORM

Please print clearly

St. Patrick Campus

1230 King Street

London, ON N5W 2Y2

Tel: (519) 675-4436 Fax: (519) 659-2282

INTERNATIONAL LANGUAGE STUDENTS:

Language: _____ Grade: _____ Course Code: _____

Home School: _____ Language School Location: _____

PART A: PERSONAL INFORMATION

Legal Last Name	Legal First Name	Legal Middle Name
Preferred Common Name (If different from above)		
Date of Birth: _____ / _____ / _____ Year Month Day	Sex: Male <input type="checkbox"/>	Home Phone: _____
	Female <input type="checkbox"/>	Work Phone: _____
Address: _____		
Unit or Apt. #	Street or Rural Address	
City: _____	Postal Code: _____	

PART B: EMERGENCY CONTACT AND HEALTH CONCERNS

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Health Concerns: _____ Health Card Number: _____

PART C: CITIZENSHIP STATUS

Canadian Citizen Landed Immigrant Visitor/Student Visa Refugee Status

Parent/Guardian Signature Date

Secretary's Signature Date

THE CENTRE FOR LIFELONG LEARNING



LONDON DISTRICT CATHOLIC SCHOOL BOARD