

ST. HELEN'S SCHOOL
INTERNATIONAL STUDENT PRE- REGISTRATION FORM

PLEASE PRINT

LEGAL FAMILY NAME _____ HOME PHONE# _____

ADDRESS _____ CITY _____ COUNTRY _____

FATHER'S NAME _____ FATHER'S CELL # _____ MOTHER'S NAME _____ MOTHER'S CELL # _____

FATHER'S CITIZENSHIP _____ MOTHER'S CITIZENSHIP _____

CATHOLIC/OTHER RELIGION _____ * EMAIL ADDRESS _____

INTERNATIONAL STUDENTS ATTENDING ST. HELEN'S FOR THE SCHOOL YEAR _____ (Please Print)

	1 ST STUDENT	2 ND STUDENT
Legal First Name		
Legal Middle Name		
Usual First Name (English Name)		
Gender (Male or Female)		
Grade in September (or on arrival)		
Birth date	Day Month Year	Day Month Year
Place of Birth If Canada, state Province If other, state country		
Citizenship		
Medical Carecard # (or private insurance info)		
Medical concerns (Confidential)		
LEVEL OF ENGLISH High / Medium / Low		

PLEASE NOTE: Regarding Citizenship - State your residential status in Canada i.e. Canadian Citizen, Landed Immigrant, Student Visa, Non-Resident, Special Status etc. YOU MAY BE ASKED TO PROVE LEGAL STATUS IN CANADA BY THE SCHOOL OR THE AUDITOR.

GUARDIAN'S NAME CITIZENSHIP

ADDRESS TELEPHONE (Home)

* EMAIL ADDRESS CELL #

PERSON TO CONTACT IN EMERGENCY (other than the parent or guardian)

NAME TELEPHONE RELATIONSHIP

NAME TELEPHONE RELATIONSHIP

LAST SCHOOL YOUR CHILD/CHILDREN ATTENDED (new students only, Name, Address, Telephone #, and Grade)

MY CHILD WILL REQUIRE BUS SERVICE: YES ___ NO ___ NUMBER ___ A.M. ___ P.M. ___

I HEREBY CERTIFY THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS CORRECT & COMPLETE

Father's Signature Mother's Signature Date



Office Use Only:

Placement Fee _____ Registration Fees _____ Activity Fee _____ Hot Lunch _____

Tuition Fees _____ Bus Fees _____ Commitment Form _____

Passport _____ Visa _____ MSP (Medical) _____

**HOMESTAY FAMILY'S NAME

ADDRESS CITY POSTAL CODE

TELEPHONE (Home) CEL # *EMAIL ADDRESS