

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

PLEASE PRINT

LEGAL FAMILY NAME \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ FATHER'S CEL # \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_ MOTHER'S CEL # \_\_\_\_\_

FATHER'S CITIZENSHIP \_\_\_\_\_ MOTHER'S CITIZENSHIP \_\_\_\_\_

CATHOLIC/OTHER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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

	1 <sup>ST</sup> STUDENT	2 <sup>ND</sup> STUDENT
Legal First Name		
Legal Middle Name		
Usual First Name (English Name)		
Gender (Male or Female)		
Grade in September		
Birth date	Day      Month      Year	Day      Month      Year
Place of Birth If Canada, state Province If other, state country		
Citizenship		
Medical Carecard #		
Medical concerns (Confidential)		

**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) CEL #

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 #