



ASSUMPTION SCHOOL
INTERNATIONAL STUDENT PROGRAMME
 7091 Glacier Street, Powell River BC, V8A 1R8 CANADA
 E-mail: assump.office@shaw.ca

PRE-REGISTRATION FORM

STUDENT INFORMATION (please print):

LEGAL FAMILY NAME		GIVEN NAME	
ADDRESS	CITY	COUNTRY	
CITIZENSHIP		RELIGION (Catholic/Other)	
BIRTHDATE (day/month/year)		GENDER (female/male)	

PROGRAM LENGTH: start date ____ / ____ / ____ (day/month/year) to ____ / ____ / ____ (day/month/year)

to register in grade (circle one): **Kindergarten** **1** **2** **3** **4** **5** **6** **7** **8** **9**

PARENTS INFORMATION:

FATHER'S NAME	HOME PHONE NUMBER	CITIZENSHIP
MOTHER'S NAME	HOME PHONE NUMBER	CITIZENSHIP
EMAIL ADDRESS		

Does your child have any special needs and/or academic challenges that the school should know of?
 Is there anything else you wish to inform the school of:

CUSTODIAN INFORMATION:

FULL NAME CITIZENSHIP

ADDRESS

TELEPHONE (HOME) CELL PHONE NUMBER

E-MAIL

DOCUMENTS to be forwarded to the school as soon as possible:

1. Copy of student VISA & passport
2. Copy of the Custodianship Declaration for minors studying in Canada
3. Proof of medical insurance coverage

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

Father's Signature

Mother's Signature

Date