

# ASSUMPTION SCHOOL

7091 Glacier Street, Powell River, B. C. V8A 1R8  
Phone: 604-485-9894 Fax: 604-485-7984  
Email: [assump.office@shaw.ca](mailto:assump.office@shaw.ca)

## 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:

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**CUSTODIAN INFORMATION:**

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FULL NAME

CITIZENSHIP

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ADDRESS

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TELEPHONE (HOME)

CELL PHONE NUMBER

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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.

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Father's Signature

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Mother's Signature

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Date