

# Académie Ste. Cécile International School

## STUDENT INFORMATION

Name: \_\_\_\_\_  
last first middle sex

To enter Level: \_\_\_\_\_ beginning on: \_\_\_\_\_ (Date) Religion: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ P.C. \_\_\_\_\_ Country: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Nationality : \_\_\_\_\_ Citizenship : \_\_\_\_\_ Mother tongue : \_\_\_\_\_  
Mmddy

Other languages : \_\_\_\_\_

OHIP Number: \_\_\_\_\_ Family Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Brother(s) and Sister(s) Name(s)	Date of Birth	Present Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For new students Name of current school: \_\_\_\_\_ Principal: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ P.C. \_\_\_\_\_ Country: \_\_\_\_\_

## PARENT INFORMATION:

	MOTHER	FATHER	GUARDIAN
Name:	_____	_____	_____
Address:	_____	_____	_____
City:	_____	_____	_____
Postal Code.:	_____	_____	_____
Telephone #:	_____	_____	_____
Cellular Telephone #:	_____	_____	_____
Personal Fax #:	_____	_____	_____
E-mail Address:	_____	_____	_____
Occupation:	_____	_____	_____
Employer:	_____	_____	_____
Employer's Address:	_____	_____	_____
Work Telephone #:	_____	_____	_____
Work Fax #:	_____	_____	_____
Signed Initials:	_____	_____	_____