



# Toronto Catholic District School Board

## International Languages (Elementary) Program: After Hours Student Registration Form



*On-Line registration will be open from May 12<sup>th</sup> to January 31<sup>st</sup>. Please register at the school/center where the program is located after this date.*

<b>IL Center:</b> _____	<b>Language:</b> _____
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### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

OEN #: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/ (yy/mm/dd)

Grade: \_\_\_\_\_ Gender:    Male        Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_

- *If the student has an Epi-pen or a medical condition, please see Instructor-in-Charge at the IL Center*
- *Legal Document Verification: a legal document must be presented at the IL Center for students who attend a private school on the first day of classes*

### PARENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

*Please check this box if it is the same address as the student*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_

*Please add Parent Email:* \_\_\_\_\_

### EMERGENCY CONTACT (In the absence of the registered parent)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

### DAY SCHOOL INFORMATION

Board: \_\_\_\_\_ Day School: \_\_\_\_\_

Student has attended International Languages After Hours Program:    Yes    No

Knowledge of Target International Language:    Good        Fair        Poor

_____ Parent's Signature	_____ Date
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