



Mississauga Christian French School

1245 Eglinton Avenue West | Mississauga | Ontario L5V 2M4
905.567.4032 x 243

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Student Registration Form

To be completed by Parent/Guardian.

Please **PRINT** clearly in black or blue ink.

All information is protected by the Freedom of Information and Privacy Act.

STUDENT INFORMATION							
Student Family Name		Student Given Name		Gender			
				M	<input type="checkbox"/>	F	<input type="checkbox"/>
Student Local Address (house number and street name, apartment number, city, province, postal code)							
Student Health Card #		Student Home Telephone		Referred by			
Start Date Requested		Last Grade Completed		Seeking Entry to Grade			
Name and Address of last school/kindergarten or daycare attended							
FAMILY INFORMATION Mother / Guardian 1			FAMILY INFORMATION Father / Guardian 2				
Family Name		Given Name		Family Name		Given Name	
Relationship to Student		Occupation		Relationship to Student		Occupation	
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Address			Address				
City, Province, Postal Code			City, Province, Postal Code				
Home Telephone		Mobile Telephone		Home Telephone		Mobile Telephone	
Work Phone		Ext.		Work Phone		Ext.	
Email			Email				
Applicant lives with							
<input type="checkbox"/> Both Parents		<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Guardian	



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BROTHERS and SISTERS					
Name	Gender		Date of Birth	Attends this school	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Gender		Date of Birth	Attends this school	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Gender		Date of Birth	Attends this school	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMERGENCY CONTACTS in priority order if Parents or Guardians cannot be contacted				
Name			Relationship	
Home Phone	Mobile Phone		Work Phone	Ext.
Name			Relationship	
Home Phone	Mobile Phone		Work Phone	Ext.

SCHOOL BUS REGISTRATION REQUEST – Please fill out our Bus Request Form			
<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> Both	<input type="checkbox"/> None

BEFORE AND/OR AFTER SCHOOL REGISTRATION – Please fill out our BSAS Form			
<input type="checkbox"/> Before School	<input type="checkbox"/> After School	<input type="checkbox"/> Both	<input type="checkbox"/> None

SIGNATURE OF ENROLLING PARENT OR GUARDIAN	Date

OFFICE USE ONLY