

THE KITCHENER-WATERLOO BILINGUAL SCHOOL
 600 Erb Street West, Waterloo Ontario N2J 3Z4
 Telephone (519) 886-6510 Fax (519) 886-4053 Email bilingualschool@bellnet.ca

Student Information

Registration for classes commencing

Month Day Year

Grade _____ Junior Kindergarten Senior Kindergarten

| | |
|--|-------------------|
| Last Name: | First Name: |
| Middle Name: | Preferred Name: |
| Date of Birth: | Gender: |
| Month Day Year | |
| Address: | |
| Previous School: | Home Telephone #: |
| Siblings' Names & Ages: | |
| Student's Status in Canada <input type="checkbox"/> Canadian Citizen or Permanent Resident | |
| <input type="checkbox"/> Other - Please Specify: | |

Family Information

| | |
|--|---|
| Parent/Guardian #1 Last Name: | First Name: |
| Relationship to Applicant: | Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> |
| Address: | |
| Home Phone #: | Mobile Phone #: |
| Email: | |
| Occupation & Employer: | Business Phone #: |
| Check all applicable boxes | |
| Has Access to Student <input type="checkbox"/> | Legal Guardian <input type="checkbox"/> |
| Has Custody <input type="checkbox"/> | Lives with Student <input type="checkbox"/> |

| | |
|--|---|
| Parent/Guardian #2 Last Name: | First Name: |
| Relationship to Applicant: | Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> |
| Address: | |
| Home Phone #: | Mobile Phone #: |
| email: | |
| Occupation & Employer: | Business Phone #: |
| Check all applicable boxes | |
| Has Access to Student <input type="checkbox"/> | Legal Guardian <input type="checkbox"/> |
| Has Custody <input type="checkbox"/> | Lives with Student <input type="checkbox"/> |

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Medical Information

| | |
|---------------------------|-------------------------------|
| Child's Doctor: | Telephone #: |
| Doctor's Address: | Health Card #: |
| Student's Allergies: | Is this allergy anaphylactic? |
| Student's Medical Issues: | |

Anaphylactic Allergies and Medical Issues require a separate form to be filled out.

Signature

To register a student, please return this form, accompanied by a deposit cheque of \$400.00 per student, payable to the Kitchener-Waterloo Bilingual School.
 I understand that the deposit left at registration is non-refundable.

I hereby apply for admission for my child to the Kitchener-Waterloo Bilingual School.
 I understand that there is no reduction from full year fees because of absence, withdrawal or dismissal.

 Month Day Year

 Signature of Parent or Guardian #1

 Month Day Year

 Signature of Parent or Guardian #2

Office Use Only

| |
|---|
| Proof of Birth: |
| Proof of Custody: |
| School Documents: |
| Immunization Information: Parents submit directly to the Region of Waterloo Public Health <p align="right">https://e-immunization.regionofwaterloo.ca/</p> |

Billing Information

| |
|---|
| \$400.00 Registration Deposit Left <input type="checkbox"/> |
| If split billing is required please enter name and percentage to be paid below. |
| Name: _____ % Name: _____ % |