

ST. HELEN'S SCHOOL
INTERNATIONAL STUDENT APPLICATION FORM

LEGAL FAMILY NAME

HOME PHONE#

ADDRESS

CITY

COUNTRY

FATHER'S NAME

FATHER'S CELL #

MOTHER'S NAME

CATHOLIC/other RELIGION

			ND STUDENT
LEGAL FIRST NAME			
Legal Middle Name			
Usual First Name (*English Name)			
Gender (Male or Female)			

			Day Month Year
Place of Birth (If Canada, state Province If other, state country)			
Citizenship (*provide a <u>copy</u> of passport)			
Medical Carecard # (or private insurance info)			
Medical concerns/allergies (Confidential)			

LEVEL OF ENGLISH

GUARDIAN'S NAME

CITIZENSHIP

ADDRESS

TELEPHONE (Home)

*** EMAIL ADDRESS**

CELL #

PERSON TO CONTACT IN EMERGENCY (other than the parent or guardian)

NAME

TELEPHONE

RELATIONSHIP

NAME

TELEPHONE

RELATIONSHIP

LAST SCHOOL YOUR CHILD/CHILDREN ATTENDED (new students only, Name, Address, Telephone #, and Grade)

MY CHILD WILL REQUIRE BUS SERVICE: YES _____ NO _____ (A.M. _____ or P.M. _____)

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