



QW School

Form No: 2020 - 2021

Academic Program: Fall / Winter / Spring / Summer 2019 -2020

School Registration Form

Student's Personal Information

Last Name (Surname) :		Given Name		Other Name	
Date of Birth : dd/mm/yyyy		Citizenship	Country of birth	First Language	Gender:
					Female Male

Home Address :

City:	Province:	Postal Code	Country	Email id:

Phone No. (with country & area code) :

Cell No:

DECLARATION: By signing this registration form, I, hereby, undertake to abide by all the school guidelines, policies and terms and conditions outlined in the school calendar.

Referral Name: _____ (Compulsory)

_____ (Signature of Student)

Family Information (Parent /Guardian 1)

Last Name (Surname) :		Given Name:		Date of Birth : dd/mm/yyyy
Relationship to Student :		Marital Status	Email id:	Phone No. (with country & area code) :

Home Address : (if different from student)

Street	City	Province /State	Country	Postal Code

Occupation:

Approximate Annual Income:

DECLARATION: By Signing this registration form, I, hereby, declare that I, as a Parent/Guardian of the above mentioned student, will be responsible for all financial and legal responsibilities of the student, that may arise during the whole period of study. _____ (Signature Of the Parent/Guardian 1)

Family Information (Parent /Guardian 2)

Last Name (Surname) :		Given Name:	Date of Birth : dd/mm/yyyy
Relationship to Student :	Marital Status	Email id:	Phone No. (with country & area code) :

Home Address : (if different from student)

Street	City	Province /State	Country	Postal Code

Occupation:
Approximate Annual Income:

DECLARATION: By Signing this registration form, I, hereby, declare that I, as a Parent/Guardian of the above mentioned student, will be responsible for all financial and legal responsibilities of the student, that may arise during the whole period of study. _____ (Signature Of the Parent/Guardian 1)

Term Details

START TERM APPLYING FOR: (Tick v where applicable)		GRADE / CLASS APPLYING FOR (Tick v where applicable)	
Fall	Winter	9	11
Sep – Jan	Feb - May	10	12

School Information

Name of School:
Address of School:

Custodian / Relative / Friend in Canada (If Available)

Last Name (Surname)	Given Name	Relationship to Student		
Home Address : (if different from student)				
Street	City	Province /State	Country	Postal Code
Email id:	Phone No. (with country & area code) :			

Medical Information

1. Does the student have any of the following medical conditions? (please tick v wherever applicable)

Seizure-disorder / Epilepsy	Severe asthma	Serious heart condition	Blood clotting disorder
Diabetes	Dangerous allergy (anaphylaxis)	Other (Please specify)	