



Registration Form

Please print clearly

St. Patrick Campus 1230 King Street London, Ontario N5W 2Y2 Tel: 519-675-4436 Fax: 519-659-2282

INTERNATIONAL LANGUAGE STUDENTS:

Language: _____ Grade: _____ Course Code: _____

Home School: _____ Language School Location: _____

Part A: Personal Information

Legal Last Name ↑	Legal First Name ↑	Legal Middle Name(s) ↑
Preferred Common Name (If different from above)		<input checked="" type="checkbox"/> email
Date of Birth: _____ / _____ / _____ Year Month Day	Sex: Male <input type="checkbox"/>	Home Phone: _____
	Female <input type="checkbox"/>	Work/Cell: _____
Address: _____ / _____ Unit or Apt # Street or Rural Address		
City: _____	Postal Code: _____	

Part B: Emergency Contact and Health Concerns

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

Doctor's Name: _____ Doctor's Phone: _____

Health Concerns: _____ Health Card Number: _____

Part C: Citizenship Status

Canadian Citizen Landed Immigrant Visitor/Student Visa Refugee Status

Parent/Guardian Signature Date

Secretary's Signature Date

Notice of Collection of Personal Information

Information on this Application Form is collected under the authority of the *Education Act* and its regulations, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. It will be used to establish the Ontario Student Record (OSR), and for registration, administrative, communication, educational reporting and transportation student related purposes. If this Application is approved, this Form may be retained in the OSR by the registering school for five (5) years after retirement/transfer of the student. The information may also be retained independently of the OSR for Ministry of Education reporting purposes for a period of two (2) years. Questions or concerns about the collection of data on this form should be directed to the school principal.





St. Patrick Campus (Main)
1230 King Street, London, Ontario N5W 2Y2
Tel: 519-675-4436 Fax: 519-659-2282



CONSENT TO RELEASE INFORMATION

I, _____, _____
STUDENTS NAME BIRTH DATE

of _____
STUDENT ADDRESS

authorize the Centre for Lifelong Learning to share my photo, video, and information about my successes, student work, and other related information on the school site in perpetuity via Twitter, Student Success and other School sites.

STUDENT SIGNATURE

DATE

CFLL STAFF SIGNATURE (Witness)

DATE

