

Hope Christian School – Registration Form

Box 235, Champion, AB T0L 0R0
Phone: (403) 897-3019 Fax: (403) 897-2392
E-mail: secretary@hopechristianschool.ca

Child's legal surname: _____
(as given on Vital Statistics Document)

Child's legal given names: _____
(as given on Vital Statistics Document)

Child's preferred name: _____

Birth date: ____/____/____ Age: ____ Grade: ____ Sex: ____
YY MM DD

Student Alberta Ed . ID # _____

Citizenship: _____(if not Canadian tick one of the following)

- Permanent Resident/Landed Immigrant
- Student Authorization – Visa
- Child of a Canadian Citizen
- Child of an individual lawfully admitted to Canada for permanent or temporary residence
- Other

**Please enclose a photocopy of the Vital Statistics Document.

Do you have the legal right to French Instruction? Yes No

Father's name: _____ Phone: (____) _____ (____) _____
Home Work

Mother's name: _____ Phone: (____) _____ (____) _____
Home Work

Address: _____

_____ (include Postal Code)

Email Address: _____

Guardian: _____ Phone: (____) _____ (____) _____
Home Work

Church Affiliation: _____

School jurisdiction where registered last school year: _____

Parent Signature: _____ Date: _____