



Ottawa Adventist School

2200 Benjamin Avenue, Ottawa, Ontario K2A 1P5
Telephone (613) 722-3770 Fax (613) 722-3767

Christian Education An Adventist Essential



Registration Form

School Year

Grade Being Entered

Date of Birth

PERSONAL INFORMATION

Family Name	Given Name	Middle Name		
Home Address	City	Province	Postal Code	
Alternate Address — if applicable, provide condition below	City	Province	Postal Code	
Condition for Alternate Address				
Name of School — previously enrolled at	City	Province	Country	

MEDICAL INFORMATION

O.H.I.P. No.	Doctor's Name	Doctor's Phone No.
Medical allergy (ies), condition(s) and / or information, we should be aware of		

FATHER'S INFORMATION

Family Name	Given Name	Occupation
Work Phone No. & Ext.	Home Phone No.	Alternate Phone No., specify: Pager <input type="checkbox"/> Cellular <input type="checkbox"/> Other <input type="checkbox"/>

MOTHER'S INFORMATION

Family Name	Given Name	Occupation
Work Phone No. & Ext.	Home Phone No.	Alternate Phone No., specify: Pager <input type="checkbox"/> Cellular <input type="checkbox"/> Other <input type="checkbox"/>

GUARDIAN'S INFORMATION – if applicable

Family Name	Given Name	Occupation
Work Phone No. & Ext.	Home Phone No.	Alternate Phone No., specify: Pager <input type="checkbox"/> Cellular <input type="checkbox"/> Other <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION

Family Name	Given Name	Relationship
Work Phone No. & Ext.	Home Phone No.	Alternate Phone No., specify: Pager <input type="checkbox"/> Cellular <input type="checkbox"/> Other <input type="checkbox"/>

CONSENT

I agree to support the Christian ideals set forth in the school policies. I have read the handbook and agree to uphold all its regulations. By signing below, I state that all the above information is true, if anything changes, I will inform the school staff.

Signature of Parent or Guardian	Date (mm/dd/yyyy)
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Email address :