REHOBOTH FREE REFORMED CHRISTIAN SCHOOL SOCIETY OF COPETOWN, ONTARIO

198 Inksetter Road, Box 70
Copetown, ON L0R 1J0
(905) 627-5977 – Fax: (905) 628-4422 – E-mail: office@rehoboth.on.ca

REGISTRATION FORM

Surname _____ First Name _____ _____
(father) (mother)

Address _____
(include full address: house, street, rural route number, etc.)

_____

_____ _____ Phone No. (_____) _____
(City) (postal code)

Email address _____ Church Affiliation _____

STUDENT'S FIRST & MIDDLE NAMES *(list new students only)*	SEX *(M/F)*	DATE OF BIRTH *Year/Month/Day*	REGISTRATION is for GRADE:	ONTARIO HEALTH CARD NUMBER

For planning purposes, are there any concerns, either academic and/or physical, of which we should be made aware? If so, please specify.

_____

_____

Father's Employment _____ Business Phone (_____) _____
Mother's Employment _____ Business Phone (_____) _____
Mother's Cell Phone _____ Father's Cell Phone (____) _____
Family Doctor _____ Telephone (_____) _____
Family Dentist _____ Telephone (_____) _____

Emergency Contact (if a parent isn't available):

1) Name _____ Telephone (_____) _____

2) Name _____ Telephone (_____) _____

Does your child have any allergies or illnesses the teachers should be aware of? Yes No _

If YES, please explain: _____

Does your child take any special medication on a regular basis? Yes No _

If YES, please explain: _____

Last School Attended:

_____(____) _____
Name Address Postal Code Telephone

I authorize the school administration to obtain academic and discipline records from the previous school attended.

Signature of Parent _____ Date _____