



MAC MAPLE GROVE SCHOOL
REGISTRATION FORM
 ACADEMIC YEAR 2020-2021

MAC
 160 Courtland Ave East
 Kitchener, ON Canada N2G 3M6
 admin@macmaplegrove.com
 Phone: (226) 647-8500

| STUDENT INFORMATION | | | | | Grade in September: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|-------------------|----------------------------------------------------------|---------------------|
| First Name: | | Surname: | | Date of Birth: (MM / DD / YYYY) | Gender: |
| Unit#: | Address: | | Postal Code: | City: | Province: |
| Home Phone: | | Health Card: | | Primary language spoken: | |
| If child was NOT born in Canada, please provide ENTRY DATE TO CANADA: (MM / DD / YYYY) | | | Ethnic Origin: | | |
| Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian (Provide the office with a copy of relevant custody papers.) | | | | | |
| Father / GUARDIAN INFORMATION | | | | | |
| First Name: | | | Surname: | | |
| Relationship to Child: | | | Cell Phone: () | | |
| <input type="checkbox"/> Same as above | Address: | | Postal Code: | City: | Province: |
| E-mail Address: | | | | | |
| Occupation: | | | Employer: | Work Tel. () | |
| Work Address: | | | Postal Code: | City: | Province: |
| Mother/ GUARDIAN INFORMATION | | | | | |
| First Name: | | | Surname: | | |
| Relationship to Child: | | | Cell Phone: () | | |
| <input type="checkbox"/> Same as above | Address: | | Postal Code: | City: | Province: |
| E-mail Address: | | | | | |
| Occupation: | | | Employer: | Work Tel. () | |
| Work Address: | | | Postal Code: | City: | Province: |
| EMERGENCY CONTACT (Other Than Parents) | | | | | |
| First Name: | | Surname: | | Relationship: | |
| Home Phone: () | Cell Phone: () | | Work Phone: () | | |
| EDUCATION HISTORY | | | | | |
| Name of present school: | | | | Present Grade: | |
| Address of present school: | | | | Postal Code: | |
| Special Needs (list if any): | | | | | |
| Has your child ever been on an Individual Education Program (IEP)? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, indicate grade level(s) and subject(s) | | | | | |
| Has your child ever been suspended or expelled from school? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, indicate grade level(s), school, and reason: | | | | | |
| ACKNOWLEDGEMENT | | | | | |
| <i>Registration is not complete until all forms, required documents and applicable registration fee are submitted. Parents will be formally notified of their child's admission following successful completion of the admission assessment procedures.</i> | | | | | |
| Parent/Guardian Signature _____ | | | | Date _____ | |
| <small>MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O. 1980, c.129 and Health Card Numbers Control Act, 1991. This information will be used for the purposes of: processing student registration, production of student databases, student placement and referrals, statistical and reporting requirements by the Ministry of Education, program to students, contacting parent(s), guardian(s), etc., in case of emergency, and the disclosure of health related information to the Medical Officer of Health. Questions regarding this collection and use of personal information should be directed to the Office. MAC Maple Grove School holds the right to open, merge, and/or close classes based on the number of students registered in the class.</small> | | | | | |