



# Student Registration Form

**Grade:** \_\_\_\_\_

<b>Child's First/Last Name</b> _____ <b>Start Date</b> _____			
Date of Birth(M/D/Y) _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Home Phone # _____			
Address _____			
Street	Apt #	City	Province Postal Code
<b>Parent 1 /Guardian</b> _____, _____ <b>Child Release</b> <input type="checkbox"/> Y <input type="checkbox"/> N			
Last Name		First Name	
Address _____			
(if different from child) Address Apt # City Province Postal Code			
Telephone Numbers: Home # _____ Cell # _____ Email _____			
Work _____ Work # _____			
(indicate Business Name, street address and city)			
<b>Parent 2 /Guardian</b> _____, _____ <b>Child Release</b> <input type="checkbox"/> Y <input type="checkbox"/> N			
Last Name		First Name	
Address _____			
(if different from child) Address Apt # City Province Postal Code			
Telephone Numbers: Home # _____ Cell # _____ Email _____			
Work _____ Work # _____			
(indicate Business Name, street address and city)			
I/We acknowledge that we will be enrolling our child in Brentway Academy for the 20_____/20_____ term.			
_____	_____	_____	_____
Date	Parent 1/Guardian Signature	Parent 2/Guardian Signature	Supervisor/Witness Signature