

**THE KITCHENER-WATERLOO BILINGUAL SCHOOL**  
 600 Erb Street West, Waterloo Ontario N2J 3Z4  
 Telephone (519) 886-6510 Fax (519) 886-4053 Email bilingualschool@bellnet.ca

**Student Information**

Registration for classes commencing

\_\_\_\_\_

Month                  Day                  Year

Grade \_\_\_\_\_ Junior Kindergarten  Senior Kindergarten

Last Name:	First Name:
Middle Name:	Preferred Name:
Date of Birth:	Gender:
Month    Day    Year	
Address:	
Previous School:	Home Telephone #:
Siblings' Names & Ages:	

**Family Information**

Parent/Guardian #1 Last Name:	First Name:
Relationship to Applicant:	Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>
Address:	
Home Phone #:	Mobile Phone #:
Email:	
Occupation & Employer:	Business Phone #:
<b>Check all applicable boxes</b>	
Has Access to Student <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
Has Custody <input type="checkbox"/>	Lives with Student <input type="checkbox"/>

Parent/Guardian #2 Last Name:	First Name:
Relationship to Applicant:	Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/>
Address:	
Home Phone #:	Mobile Phone #:
email:	
Occupation & Employer:	Business Phone #:
<b>Check all applicable boxes</b>	
Has Access to Student <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
Has Custody <input type="checkbox"/>	Lives with Student <input type="checkbox"/>

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**Medical Information**

Child's Doctor:	Telephone #:
Doctor's Address:	Health Card #:
Student's Allergies:	Is this allergy anaphylactic?
Student's Medical Issues:	

Anaphylactic Allergies and Medical Issues require a separate form to be filled out.

**Signature**

To register a student, please return this form, accompanied by a deposit cheque of \$400.00 per student, payable to the Kitchener-Waterloo Bilingual School.  
 I understand that the deposit left at registration is non-refundable.

I hereby apply for admission for my child to the Kitchener-Waterloo Bilingual School.  
 I understand that there is no reduction from full year fees because of absence, withdrawal or dismissal.

_____ Month      Day      Year	_____ Signature of Parent or Guardian #1
_____ Month      Day      Year	_____ Signature of Parent or Guardian #2

**Office Use Only**

Proof of Birth:
Proof of Custody:
School Documents:
Immunization Information: Parents submit directly to the Region of Waterloo Public Health  <div style="text-align: right;"><a href="https://e-immunization.regionofwaterloo.ca/">https://e-immunization.regionofwaterloo.ca/</a></div>

**Billing Information**

\$400.00 Registration Deposit Left <input type="checkbox"/>
If split billing is required please enter name and percentage to be paid below.
Name: _____ %    Name: _____ %