



Catchment Non-Catchment Non-Resident Student No. _____

Information to be entered by Student's Parents/Guardians—PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES

Date: _____ Signature of Parent/Guardian: _____

STUDENT INFORMATION (PLEASE PRINT)

Legal Last Name: _____ Gender: Female Male
 Legal First Name: _____
 Legal Second Name: _____
 BIRTHDATE: Day: _____ Month: _____ Year: _____
 If not a Canadian citizen are you a:
 Landed Immigrant Government Sponsored Refugee UCI Number: _____
 Visa Student Private Sponsored Refugee
 Date entered Canada: Day: _____ Month: _____ Year: _____
 LANGUAGES SPOKEN AT HOME: English: Yes No Other languages: _____
 Current school attended/Last school attended: _____
 If your current school is not in this Division, have you ever attended a school in this Division before? Yes No
 If Yes, what was the name of the school and year attended? School: _____ Year: _____

STUDENT ADDRESS DURING THE SCHOOL YEAR

Apt. No. _____ Street No. _____ Street _____
 City: Winnipeg or _____ Postal Code _____ Home Phone _____

PARENT/LEGAL GUARDIAN INFORMATION (Please enter both Mother & Father, if applicable)

If student lives with a single parent or guardian, indicate who has LEGAL CUSTODY:
 Joint Mother Father Guardian Agency

<p>PARENT OR LEGAL GUARDIAN Lives with student: <input type="checkbox"/></p> <p>Last Name: _____ First Name: _____ Relationship to student: _____ E-mail address: _____ Address: <i>Same as above</i> or: _____ City: Winnipeg or: _____ Postal Code: _____ Employed: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>	<p>OTHER PARENT/ LEGAL GUARDIAN Lives with student: <input type="checkbox"/></p> <p>Last Name: _____ First Name: _____ Relationship to student: _____ E-mail address: _____ Address: <i>Same as above</i> or: _____ City: Winnipeg or: _____ Postal Code: _____ Employed: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>
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<p>OTHER LEGAL GUARDIAN (if applicable) Lives with student: <input type="checkbox"/></p> <p>Last Name: _____ First Name: _____ Relationship to student: _____ E-mail address: _____ Address: <i>Same as above</i> or: _____ City: Winnipeg or: _____ Postal Code: _____ Employed: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____</p>	<p>Contact person if parent/guardian cannot be reached:</p> <p>Name: _____ Relationship to student: _____ Phone: _____</p> <hr/> <p style="text-align: center;">Medical Information</p> <p>Personal Health No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Health Concerns: _____ _____ _____</p>
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Brothers Name: _____ Age: _____ Grade: _____ School: _____
and/or Name: _____ Age: _____ Grade: _____ School: _____
Sisters Name: _____ Age: _____ Grade: _____ School: _____

CHURCHILL HIGH SCHOOL
2017—2018 Grade 7 Course Selection

Student Name: _____
Student Cell # _____

___ **Flexible Learning** or

___ **Hockey Academy** (*I understand there will be certain conditions including a cost of approximately \$1,800.00*)

All Grade 7 students are required to take the following courses as part of their Grade 7 program:

Compulsory Courses:

English Language Arts
Mathematics
Science
Social Studies
Physical Education
Practical Arts

Option Courses (pick one of each line)
(not applicable to Hockey Academy students)

___ French or ___ Technology / Second Step

___ Band or ___ Art / Drama / Music