



**Registration Form
Grade 7 or 8 Program
Superior Heights C. & V. S.
750 North Street
Sault Ste Marie, ON P6B 2C5
Phone 705-945-7177**

REGISTRATION DEADLINE: Friday, March 2nd, 2018

Legal Name: _____
Surname First Name Middle

Date of Birth: ____/____/____ Gender: _____
Year Month Day

Home Address: _____
Street Address Apt # City Postal Code

Home Phone Number: _____ Cell Number: _____

Parent(s)/Guardian(s) Information

| Mother | Father |
|----------------------------|----------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Home Phone # _____ | Home Phone # _____ |
| Cell # _____ | Cell # _____ |
| Work # _____ | Work # _____ |
| Place of Employment: _____ | Place of Employment: _____ |
| Email: _____ | Email: _____ |

Who is the legal guardian? Mother Father Both Other

Who does the student live with? Mother Father Both Other

If necessary, please explain: _____

Is there a Court Order limiting or forbidding access: _____

Does student have an IEP Yes No

Voluntary Aboriginal Self-Identification: First Nation Metis Inuit

Bus Transportation Required: Yes No

Has student applied to the ADSB Hockey Canada Skills Academy Yes No

Current Elementary School: _____

Current Grade (2017-2018): _____ **Principal's Signature:** _____

Parent's/Guardian's Signature

Student's Signature

Please return completed form to Superior Heights Main Office