ALGOMA DISTRICT SCHOOL BOARD

Reaching to the Future

OEN (office use):

Registration Form
BAWATING INTERMEDIATE SCHOOL

750 North Street
Sault Ste. Marie, ON P6B 2C5
Tel: 945-7499 Fax: 945-7497

Legal Name: _____
Surname First Name Middle

Date of Birth: ____/____/____ Gender: □ Male □ Female
Year Month Day

Home Address:_____
Street Address Apt # City Postal Code

Home Phone Number: _____ ☐ Listed ☐ Unlisted

Transportation may be available to students who qualify. Would you like consideration for transportation? Yes ☐ No ☐

Parent(s)/Guardian(s) Information

MOTHER	FATHER
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone#_____ Cell #_____	Home Phone #: _____ Cell # _____
Work # _____	Work # _____
Place of Employment: _____	Place of Employment: _____

Previous School: _____ Address: _____

Last Grade Attended: _____ Principal's Signature: _____

Health Card Number #: ____ _____
Immunization Record (please circle one): Yes No

Doctor: _____ Phone: _____ Dentist: _____ Phone:_____

Medical Alert Information/ Disability/Allergies: _____

_____ _____
Parent's/Guardian's Signature Student's Signature

Forward registration to: **Asima Vezina, Superintendent of Education**
Algoma District School Board
644 Albert Street East, SSM, ON P6A 2K7

REGISTRATION DEADLINE : March 9, 2009