

School of Sanaathana Culture - தமிழ், சமய வகுப்பு பதிவுப் படிவம் - Enrollment Form

STUDENT INFORMATION

Form Received: (OFFICE USE ONLY)		Date of Birth YYYY-MM-DD	
First Name:		Middle Name:	
Last Name:		Gender:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
Parent(s) Name			
Home Phone Number:		Cell Phone Number:	
Address: (Include City, Postal Code)			

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 Name:		Emergency Contact #2 Name:	
Relationship:		Relationship:	
Contact Number:		Contact Number:	

MEDICAL INFORMATION

Family Physician Name:		Telephone:	
Health Card Number (OHIP)		Please List any Medical Conditions/Allergies we should be aware of:	
Is the Applicant taking medication on a regular	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Please List)		
Is the Applicant fit to participate in sports and physical exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Please Explain)		

PARENTAL CONSENT FOR EMERGENCIES

In the event of an injury requiring medical attention, I hereby grant permission to School of Sanaathana Culture to share any information listed within this form with the supervising teacher or staff in order to attend to my child during school hours. I understand that every effort will be made to contact me, however, if the injury warrants emergency medical attention, and I am unreachable, I grant permission to School of Sanaathana Culture for necessary medical treatment to be given, including permission to transport my child(ren) to the nearest medical facility. We/I also agree to pay **\$10.00 CAD** enrollment fee at the submission of this application.

Parent/Guardian Signature:		Date:	
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