



INTERNATIONAL STUDENT REGISTRATION FORM

Date: Click or tap to enter a date.

PERSONAL INFORMATION

FAMILY NAME:		GIVEN NAME:	
DATE OF BIRTH (YYYY/MM/DD):		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
PLACE OF BIRTH :		PHONE NUMBER	EMAIL ADDRESS
STUDENT'S CURRENT ADDRESS			
P.O. Box	Apt./Unit	Street No.	Street Name
City/Town	Province/State	Country	Postal Code
STUDENT'S ALTERNATE ADDRESS			
P.O. Box	Apt./Unit	Street No.	Street Name
City/Town	Province/State	Country	Postal Code

PROGRAM OF INTEREST

CHOICE	PROGRAM NAME	SCHEDULE	
1		<input type="checkbox"/> AM (9am – 11am)	<input type="checkbox"/> PM (5pm – 7pm)
2		<input type="checkbox"/> AM (9am – 11am)	<input type="checkbox"/> PM (5pm – 7pm)

FAMILY INFORMATION

SPOUSE'S FAMILY NAME		SPOUSE'S GIVEN NAME	
DATE OF BIRTH (YYYY/MM/DD)			
PLACE OF BIRTH		PHONE NUMBER	EMAIL ADDRESS
DEPENDENTS		DATE OF BIRTH (YYYY/MM/DD)	GENDER
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female

EMERGENCY CONTACT

FAMILY NAME		GIVEN NAME	
RELATIONSHIP			
PHONE NUMBER		EMAIL ADDRESS	

I hereby confirm that the information provided herein is accurate, correct, and complete and that the documents submitted along with this registration form are genuine.

Student Signature: _____