



Ottawa Adventist School
2191 Benjamin Avenue, Ottawa, Ontario K2A 1P6
Telephone (613) 722-3770 Fax (613) 722-3767
Adventist Education A Christian Essential



Registration Form		School Year	Grade Being Entered	Date of Birth (mm/dd/yyyy)
STUDENT'S INFORMATION				
Family Name	Given Name	Middle Name		
Home Address	City	Province	Postal Code	
Alternate Address — if applicable, provide condition below	City	Province	Postal Code	
Condition for Alternate Address				
Name of School — previously enrolled at	City	Province	Country	
MEDICAL INFORMATION				
O.H.I.P. No.	Doctor's Name	Doctor's Phone No.		
Medical allergy (ies), condition(s) and / or information, we should be aware of				
FATHER'S INFORMATION				
Family Name, Given Name	Occupation	Email Address		
Work Phone No. & Ext.	Home Phone No.	Alternate Phone No., specify:		Cellular <input type="checkbox"/> Other <input type="checkbox"/>
MOTHER'S INFORMATION				
Family Name, Given Name	Occupation	Email Address		
Work Phone No. & Ext.	Home Phone No.	Alternate Phone No., specify:		Cellular <input type="checkbox"/> Other <input type="checkbox"/>
EMERGENCY CONTACT INFORMATION				
Family Name	Given Name	Relationship		
Work Phone No. & Ext.	Home Phone No.	Alternate Phone No., specify:		Cellular <input type="checkbox"/> Other <input type="checkbox"/>
CONSENT				
I agree to support the Christian ideals set forth in the school policies. I have read the handbook and agree to uphold all its regulations. By signing below, I state that all the above information is true and if anything changes, I will inform the school staff.				
Signature of Parent or Guardian			Date (mm/dd/yyyy)	