

## General Information

Student's Last Name: Initial: First Name:

Mailing Address: City: Postal Code:

Telephone: Cell phone:

Students Email: Parent/Guardian's Name:

\* Please check if residential/permanent address is the same as above

Permanent Address: City: Postal Code:

Telephone: Parent/Guardian's Cellphone:

Work Phone Number: Parent/Guardian's Email:

Students Date of Birth: Month: Day: Year

Grade: OEN:

Day School:

Street Address: City: Postal Code:

## Course Information:

Course Title: Course Code:

Course Value: credits Pre-Requisite:

\* Check if completed the Pre-Requisite

Number of Times Student Has Attempted This Course: Last  
Mark:

Number of Instructional Hours: for course: for  
remediation:

## Freedom of Information:

By signing the registration form, students at or above the age of eighteen years give JBS personnel permission to discuss ALL matters relating to the course with their parents/guardians.