

Student Application to Attend: Innisfail Career High School

The collection of personal information herein is pursuant to the provisions of The School Act, the Freedom of Information and Protection of Privacy Act (FOI/PPA), and the Vital Statistics Act. The information is related directly to, and is necessary for, the School Board's obligations to provide students with an education program that meets their needs and to provide a safe and secure school environment. All information collected pertaining to students will be kept private and confidential unless otherwise authorized in writing by the parent/guardian.

Student LEGAL NAME:	LAST	FIRST	MIDDLE
Student Contact Info	Home Phone #:	Email:	Cell #:
CURRENT MAILING ADDRESS:	APT# / HOUSE / STREET	CITY / PROVINCE	POSTAL CODE
PERMANENT ADDRESS (IF DIFFERENT):			
GENDER: M / F	Age at Sept 1/11	BIRTHDATE: (MM / DD / YY)	GRADE TO BE ENROLLED IN:
MOTHER/GUARDIAN NAME:		Home Ph.#	Work Phone #:
Address: (if different from above)		Email:	Cell #:
FATHER/GUARDIAN NAME:		Home Ph.#	Work Phone #:
Address: (if different from above)		Email:	Cell #:
PREVIOUS SCHOOL:	DATE LAST ATTENDED:		
CAREER HIGH ONLY?	YES / NO	IF NO, BLENDED WITH:	
Plans/Requested Courses			
Parent Signature:			

FOR OFFICE USE ONLY:

SEMESTER 1	SEMESTER 2

A COPY OF THE STUDENT'S BIRTH CERTIFICATE WILL BE REQUIRED FOR OUR RECORDS.

YOU WILL BE REQUIRED TO COMPLETE A FULL REGISTRATION PACKAGE ONCE APPROVED.

APPROVED:	YES	NO	DATE:
PRINCIPAL SIGNATURE:			