

## SECTION A: STUDENT INFORMATION

<b>NATIONAL REGISTRATION #:</b> *					
<b>STUDENT NAME:</b> *	(First Name)	(Middle Initial)	(Surname)		
<b>HOME ADDRESS:</b> *					
<b>EMAIL ADDRESS:</b> *					
<b>TELEPHONE:</b> *	(H)		(C)		
<b>DATE OF BIRTH:</b>	yyyy / mm / dd	<b>GENDER:</b>	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
<b>COUNTRY OF BIRTH:</b>			<b>NATIONALITY:</b>		

## SECTION B: PARENT OR GUARDIAN INFORMATION

<b>NAME OF PARENT OR GUARDIAN:</b> *	(First Name)	(Middle Initial)	(Surname)		
<b>HOME ADDRESS:</b> *					
<b>EMAIL ADDRESS:</b> *					
<b>TELEPHONE:</b> *	(H)		(W)		(C)

## SECTION C: EMERGENCY CONTACT INFORMATION

Please list the name of a contact for cases of emergency where a parent or guardian cannot be reached.

<b>NAME OF CONTACT:</b> *		<b>RELATIONSHIP:</b>			
<b>TELEPHONE:</b> *	(H)		(W)		(C)

## SECTION D: STUDENT MEDICAL INFORMATION

<b>MEDICAL CONDITIONS:</b> *	List any known allergies or illnesses below

## SECTION D: COURSE/SEMINAR INFORMATION \*

#	CODE:	COURSE/SEMINAR TITLE:	DAY(S)	TIME
1.				
2.				

Signature of Parent or Guardian: -----	Date: yyyy / mm / dd
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## PAYMENT: (OFFICIAL USE ONLY)

COURSE CODE:	FEE PAID: \$	DATE	METHOD OF PAYMENT	CARD NUMBER (If Applicable)	RECEIPT NUMBER	MEMBER FEE Y/N
		Y M D				