Canadian High School (OSSD) Program

Student Registration Form



This Form must be completed by all student who are registering with KBTC British Canadian School for the Canadian High School (OSSD) Program.

Date: _____

Student Information

First Name:			Last Name:		
Date of Birth:					
National Identification Number:					
Passport No:					
Gender Grade Entering	Male Grade 11	Female	Other/Prefer not to disclose		
Grade Entering					
Preferred Area of Study after School	Social Sciences Business		Math, Engineering & Technology Biomedical, Health and Life Sciences		
Email Address:					
Address:			Postal Code:		

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Father's Information	Mother's Information	Other Guardian:		
		Relation to Student:		
First Name:	First Name	First Name:		
Last Name:	Last Name:	Last Name:		
Phone Number:	Phone Number:	Phone Number:		
Guardian Email Address:				
Guardian Address:		Postal Code:		

Parent/ Guardian Information

Medical Information

Does the student have any medical and physical condition that might affect their attendance at School?				
Yes	No			
If yes , please give a brief description of the condition:				
Emergency Contact Person:	Emergency Contact Phone & Email:			

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Date: _____

Education Information					
Name of the previous School:	Grade Completed:				
Reason for leaving Previous School:					
Was the student suspended or expelled from the previous school?					
Yes	No				
Has the suspension been resolved?					
Yes	No				
If the suspension has been resolved, please provide further information:					
Has the student registered before in any of the KBTC Schools?					
Yes	No				
If yes, please indicate the name of the previous KBTC school:					

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Date: _____

For Office Use Only					
Approved by Rosedale Academy	Yes	Νο			
KBTC Student Identification Number:					
Uniform Size Small	Medium	Large			
Fees Status:					