



Aim higher... Aim Further!

For school year :
For Grade :

Registration Form

Student's family name

Student's first name

Sex:
M F

Birth date (mm/dd/yyyy)

Birth place

Country:

Permanent code

Medical Card number

Expiry date

Student's address

City

Postal code

Father's name (first and family name)

Birthplace

Occupation

Father's address

City

Postal code

Home phone number

Phone number at work

Cellphone

S.I.N. (Income tax receipt, form 24)

Receipt made to the father

 yes no not required

Email address

Mother's name (first and family name)

Mother's birthplace

Occupation

Mother's address

City

Postal code

Home phone number

Phone number at work

Cellphone

S.I.N. (Income tax receipt, form 24)

Receipt made to the mother

 yes no not required

Email address

Mother tongue

Language spoken at home

3rd language option:
 Spanish Italian Mandarin

Graduating from AMC 20__ -20__
 yes no

If parents live separately, mail should be sent to the
 father mother

Parents agree to follow the rules of the school & accept the decision of the administration with respect to moving a pupil up to a higher grade.

Date

Parent's signature

Administration