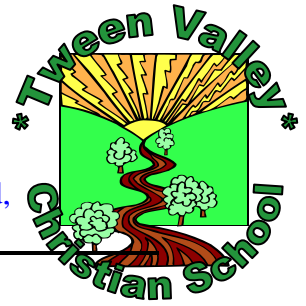


Box 4297 Taber, AB T1G 2C7
Phone: (403) 223-9571 Fax: (403) 223-9594
Email: TVCS.Principal@live.ca Principal: Miss Agatha Klassen



Study to show thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the Word of Truth." II Timothy 2:15

Student Registration Form

Office Use Only

Date Registered: _____

ASN: _____

General Student Information:

Student Legal Name: _____
Last First Middle

Preferred Name: _____
Last First Middle

Date of Birth: _____ / _____ / _____ Age: _____ Grade: _____
Month Day Year

Gender:

- Male
 Female

Mailing Address: _____ Town: _____

Physical Address: _____ Province: _____

Home Phone No.: _____ Postal Code: _____

Email Address: _____

Preferred Billing Method:

- Email
 Mail

School History: (if not returning student)

Last School Attended: _____ City/Town: _____

Other School attended: _____ City/Town: _____

_____ City/Town: _____

Citizenship:

- Canadian Citizenship
 Permanent Resident/Landed Immigrant
 Other _____

Parent Information:

Father's Name: _____ Mother's Name: _____

Cell Phone: _____ Cell Phone: _____

MEDICAL INFORMATION:

Health Care No. _____

Does the student have any health problems that the school administration/teacher should be aware of? (eg. Asthma, allergies, diabetes, hearing, medication, eyesight, etc)

- Yes
- No

If Yes, please describe:

EMERGENCY CONTACT: In the event that parents are unavailable.

Contact Name: _____

Relationship: _____

Phone Number: _____

Parents:

By signing below, I agree with the statement of faith, I also agree to support the teachers, and board in their duties to the best of my ability.

I hereby certify that the information provided is true, correct and complete to the best of my knowledge and belief. I have read and agree with the Tween Valley Christian School Statement of Faith.

By signing below I recognize that Tween Valley Christian School will operate and its decisions will be guided in accordance to the Statement of Faith.

Signature of Parent

Date