



MAXIMIZING YOUR POTENTIAL

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REGISTRATION FORM PART TIME/FULL TIME

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH : (D / M / Y) _____

HEALTH CARD NUMBER: _____

MEDICAL ALERT: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL: _____

EMERGENCY CONTACT: 1) _____

2) _____

HOME SCHOOL: _____

SUBJECTS: _____ GRADE: _____

OUAC REFERENCE#: _____

SIGNATURE: _____

DATE: _____