

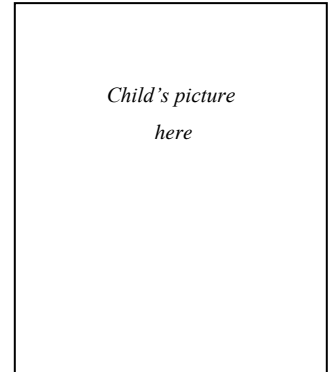


APPLICATION FORM

2016-2017

2017-2018

2018-2019



Kindergarten	1	2	3	4	5	6
	Cycle 1		Cycle 2		Cycle 3	

Child's surname : _____ First name : _____

Date of birth : _____ Girl _____ Boy _____

Child's mother tongue : French English Other (specify) _____

Languages spoken at home : French English Other _____

Level of French : _____ Level of English : _____

Religion : Buddhist Christian Hindu Jewish Muslim Other _____

Allergies : Yes ___ No ___ Special medical condition : _____

Previous schooling & daycare or kindergarten presently attending : _____

Siblings (first name/age) _____

Address : N° _____ Street _____ Apt. _____

City _____ Postal Code _____

Phone : Home _____ Mother's office : _____ Father's office : _____

Mother's name : _____ Father's name : _____

Mother's occupation Mother's email Father's occupation Father's email

Mother's country of origin Father's country of origin

How did you learn about *EBNDS* ? Family/Friends Publicity Web Site Other _____

PLEASE SEND/RETURN TO THE SCHOOL THE FOLLOWING :

- This application form with your child's picture attached
- A certified copy of your child's birth certificate
- A cheque in the amount of \$50 (non-refundable) made payable to E.B.N.D.S. for administrative fees.
Please write your child's name and grade level clearly on the front of the cheque.