RE-ENROLMENT FORM MOUNTAIN VIEW CHRISTIAN ACADEMY



Student Information

Please complete one enrolment form for each child

Student's Name:			
	First	Middle	Last
Grade:	_	Birthdate:	Male □ Female □
Parent or Guardian Infor	<u>mation</u>		
Parents or Guardian's full name:			
Residential Address:			
Home Phone:		Business Pl	none:
Email Address:			
Does this student live on a reserve?: If yes , what is the student's address on the reserve? If yes , which Band?	□ Yes □ No		
Parent or Guardian's Legal Nar	ne:	-	
Parent or Guardian's signature:		<u>-</u>	
Date:		<u>-</u>	
Please initial to give permission	to use student picture on web	site or other school publicatio	ns:
Please initial to give permission	for the student to go on Fieldt	rips:	
Consent to call a	n ambulance		
If my child, in charge to call an ambul	, become ance and hand my child ove	s injured while at MVCA, I get to the medical practitione	give consent for the teacher er.
Name:	Signature:	Da	ate: