



# KANATA ACADEMY PRIVATE SCHOOL

180 Huntmar Drive, Ottawa, ON K2S 1B9 (613) 599-5399 info@kanataacademy.com

www.kanataacademy.com

## Registration Form 2017-2018

Student's Family Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Student's Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies: \_\_\_\_\_ OHIP: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (work/cell) \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (work/cell) \_\_\_\_\_

Guardian's Full Name (if applicable): \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Phone Number (work/cell): \_\_\_\_\_

Address of Student Residence: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Person with whom Student Resides: \_\_\_\_\_

Billing Address: (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_



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