



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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