



KANATA ACADEMY PRIVATE SCHOOL

2 Beaverbrook Road, Kanata K2K 1L1 (613) 599-5399 info@kanataacademy.com

www.kanataacademy.com

REGISTRATION FORM 2016 - 2017

Student's Family Name: _____

Student's First Name: _____ Middle Name: _____

Student 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: _____ E-Mail: _____
E-Mail: _____

Previous School Attended: _____

City: _____ Postal Code: _____

A Reservation Deposit is required in the amount of **\$500 (non-refundable) for new students.**

Please enclose your cheque, made payable to **Kanata Academy Inc.**, with this form.

I hereby register my child in the following program at Kanata Academy:

Grade _____ in the school year of September 2016 to June 2017

I agree to pay school fees as per enrolment contract for the aforementioned period. I understand that interest will be applied to overdue accounts and that fees are non refundable after July 1, 2016.

Kanata Academy reserves the right to resign the charge of a student.

Signature of Parent/Guardian _____ Date: _____