



Registration for the Grade 2 French Immersion Program

Name of Student: _____
Family Name Given Names

Date of Birth (day, month, year): __ __ ____

Gender:

- Male
- Female
- Prefer not to Identify

Present School: _____

Local School for French Immersion Program: _____

Name of Parent/Guardian: _____

Address: _____

Postal Code: _____ E-mail: _____

Home telephone: _____ Business phone: _____

Signature: _____ Date: _____

Name of Parent/Guardian: _____

Address: _____

Postal Code: _____ E-mail: _____

Home telephone: _____ Business phone: _____

Signature: _____ Date: _____

Please return to your child's current school by January 31, 2018.

Disclaimer:

The information being collected in this form is being collected and used by the Halton District School Board, pursuant ss.28(2), 29(1)(a), 31(b) and s.33 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M-56, and s.170 of the Education Act, R.S.O. 1990, c.E-2. Please note that by registering you consent to receive electronic messages which may contain advertising or promotions regarding school fundraisers or other commercial activities.