



ASTRUM ACADEMY

10201 Yonge Street, Richmond Hill, Ontario

Tel: 416-305-8203 Email: schooladmin@astrum-academy.com

Application for Student Registration

Student Information

Legal Name: _____

Surname

First Name

Middle Name

Gender: Male Female

Date of Birth: _ _ _ _ / _ _ / _ _

YYYY

MM

DD

Please attach a copy of your child's birth certificate (if not already on file).

Home Address:

Street

Apt. #

City

Province

Postal Code

Grade Applying for _____ Previous School Attended _____

Does the student have siblings in the school: Yes No

If student has siblings in the school, please list them:

Health Card # _____

Allergies _____

Chronic or Severe Medical Conditions: Yes No

If yes, please explain:

