



English as a Second Language Registration Form

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Full Name :

Preferred Name: Current School:

Date of Birth : / / Address:

Email : Postal Code:

Gender : Male Female Other Phone:

Country of Origin: Arrival Date: / /

Languages Spoken:

Participant Signature _____

IF UNDER 18 YEARS OF AGE

Parent or Guardian Name Date: / /

Address (if different from above)

Parent/Guardian Signature _____

INFORMATION ABOUT HOLY ANGELS LEARNING CENTRE

A : 102 Wellington St E, Sault Ste. Marie, ON P6A 2L2

P : 705-945-5686

E : joanne.barton@hscdsb.on.ca

THANK YOU FOR YOUR REGISTRATION