

Full name of Student:	Date of birth of Student:
Full name(s) of Parent(s)/Guardian(s):	
Home address of Parent(s)/Guardian(s):	Telephone number of Parent(s)/Guardian(s): Home: _____ Mobile: _____ Business: _____
Full name of Custodian living in Alberta:	

Home address of Custodian:

Telephone number of Custodian:

Home:

Mobile:

Business:

By signing this Form, I confirm that I have read and understood everything in this Form.

Name of Custodian

Signature

Date

May 2017

SAMPLE