

**ST. THOMAS AQUINAS REGIONAL SECONDARY SCHOOL
REGISTRATION FORM FOR VISA STUDENTS 2021/2022**

Grade (Sept. 2021) _____

Please complete the information below, print clearly and in ink.

| | | | |
|------------------------------------|---|------------------------------|-------------|
| Student Name: | | | |
| _____ | _____ | _____ | _____ |
| Legal Last Name | Legal First Name | Legal Middle Name | Usual Name |
| Address in Canada: | | | |
| _____ | _____ | _____ | _____ |
| | Street | City | Postal Code |
| Home Phone #: _____ | e-mail: _____ | | |
| Gender: (F or M) _____ | Birthdate: _____ / _____ / _____ | Place of Birth: _____ | |
| | Month Day Year | (Country) | |
| Citizenship: _____ | Student Religion: _____ | | |
| Last school attended: _____ | | | |
| (New students only) | | | |

| | | | |
|--|--------|--------------------|--------------|
| Parent's Name and Address in your home country: | | | |
| Name : _____ | | | email: _____ |
| Address: _____ | | | |
| | Street | City | |
| Country _____ | | Phone Number _____ | |

| | | | |
|-------------------------------------|---------------------|---------------------------------|--|
| Homestay or Parent's Name: | | | |
| _____ | | | |
| Homestay Phone Number: _____ | | Phone Number Work: _____ | |
| Guardian: _____ | | | |
| Name | | | |
| Address: _____ | | | |
| Citizenship: _____ | | email: _____ | |
| Home #: _____ | Work#: _____ | Cell#: _____ | |
| (If different from student) | | | |

| | | | |
|--|--|---------------|---------------|
| Emergency Contact (other than a Parent or Guardian) (Vital Information) | | | |
| Person to contact (Please give one name) _____ | | Phone # _____ | Phone # _____ |
| Family Doctor: _____ | | Phone#: _____ | |
| B.C. Medical Care Card #: _____ | | | |
| Medical Concerns (if any): _____ | | | |

Valid Student Visa must accompany Registration

For office use only: Student # _____
Receipt # _____