

**REHOBOTH FREE REFORMED CHRISTIAN SCHOOL SOCIETY  
OF COPETOWN, ONTARIO**

198 Inksetter Road, Box 70  
Copetown, ON L0R 1J0  
(905) 627-5977 – Fax: (905) 628-4422 – E-mail: [office@rehoboth.on.ca](mailto:office@rehoboth.on.ca)

**REGISTRATION FORM**

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
(father) (mother)

Address \_\_\_\_\_  
(include full address: house, street, rural route number, etc.)

\_\_\_\_\_  
(City) (postal code) Phone No. (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ Church Affiliation \_\_\_\_\_

STUDENT'S FIRST & MIDDLE NAMES <i>(list <u>new</u> students only)</i>	SEX <i>(M/F)</i>	DATE OF BIRTH <i>Year/Month/Day</i>	REGISTRATION is for GRADE:	ONTARIO HEALTH CARD NUMBER

Father's Employment \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**Emergency Contact** (if a parent isn't available):

1) Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

2) Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Does your child have any allergies or illnesses the teachers should be aware of? Yes No

If YES, please explain: \_\_\_\_\_

Does your child take any special medication on a regular basis? Yes No

If YES, please explain: \_\_\_\_\_

Last School Attended:

\_\_\_\_\_  
Name Address Postal Code (\_\_\_\_) Telephone

I authorize the school administration to obtain academic and discipline records from the previous school attended.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_