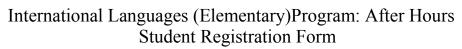


Toronto Catholic District School Board





IL Center: Our Lady of Peace	Language	: Lithuanian
STUDENT INFORMATION		
Last Name:		
OEN #:	Birth Date:/	/ (yy/mm/dd)
Grade:	Gender: \square Male	e Female
Home Address:	City:	Postal Code:
Home Phone #	Cell #:	
If the student has an Epi-pen or a medical condition, please see Instructor-in-Charge at the IL Center Legal Document Verification: a legal document must be presented at the IL Center for students who attend a private school on the first day of classes		
PARENT INFORMATION		
Last Name:	First Name:	
☐ Please check this box if it is the same address as the student		
Home Address:	City:	Postal Code:
Home Phone #	Cell #:	
Please add Parent Email:		
EMERGENCY CONTACT (In the absence of the registered parent)		
Last Name:	First Name:	
Home Phone #	Cell #:	
Relation to Student:		
DAY SCHOOL INFORMATION		
Board:	_ Day School:	
Student has attended International Languages	s After Hours Program:	□ Yes □ No
Knowledge of Target International Language	e: Good	□ Fair □ Poor
Parent's Signature	Date	