



**Toronto Catholic District School Board**  
International Languages (Elementary)Program: After Hours  
Student Registration Form



**IL Center: Our Lady of Peace**

**Language: Lithuanian**

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 OEN #: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/ (yy/mm/dd)  
 Grade: \_\_\_\_\_ Gender:  Male  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 After Hours Program:  Yes  No  
 Knowledge of Target International Language:  Good  Fair  Poor

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date