



AFNORTH International School
CANADIAN REGISTRATION FORM

Student Name Last, First, Middle Initial	Sex (M / F)	Date of Birth (DDMMYY)	Nationality	Next Year Level

Sponsor (Military Member) Name Last, First, Middle Initial	Relationship to Student	
Rank/Civ Grade/Position	Tour End Rotation Date (DDMMYY)	
Duty/Work Phone (+country code)	Duty/Location	Work E-mail
Home Address: Street Number, Town, Postal Code, Country		
Home Phone (+country code)	Cell Phone (+country code)	
Home E-mail	Base Mail Slot #	

Spouse Name Last, First, Middle Initial	Relationship to Student	
Cell phone	Email address	Work E-mail

Parent/Sponsor Signature: _____ **Date:** _____

*** Previous School Information**

Student Name(s)	
School Name	Board/District
School Address: Street	City
Province	Postal Code
Telephone Number (including area code)	Fax Number (including area code)

For Office Use ONLY:

File Requested - Date	File Received - Date