

IB @ BISHOP MAC

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Bishop Macdonell IB Foundations Registration Form

Completion of this form indicates that your child is interested in enrolling in the IB Foundation courses for September.

Student Information

Last Name	First Name	Usual Name
Date of Birth ____ / ____ / ____ dd / mm / yyyy	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Grade Level <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Current School	

Contact Information

Street Address (Number, Street, Unit Number)		
City, Province	Postal Code	
Please supply contact information for one parent/guardian:		
Last Name	First Name	
Telephone Number ____-____-____	This number is my: <input type="checkbox"/> Home number <input type="checkbox"/> Cell number <input type="checkbox"/> Work number	Best Contact Time
Email Address:		

Please select one of the following options:

- My child is currently attending Bishop Macdonell as a Grade 9 student.
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- I will be completing a registration package with the intention of enrolling my child, who is currently in Grade 8, at Bishop Macdonell for Grade 9 in September.
-
- I will be completing a registration package with the intention of enrolling my child at Bishop Macdonell for Grade 10 in September.
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- My child is currently in Grade 7 (or below) with the intention of enrolling at Bishop Macdonell in the future.

Parent/Guardian signature

