



OFFICE USE ONLY

Student Number: _____

Entered in Database: _____

Entered To Directory: _____

R E G I S T R A T I O N F O R M

Please ensure you read and complete all portions of this registration form.

Please contact us if you need any assistance or if you have any questions. Thank you.

46 Wellington Street West Suite 5A. Alliston, ON L9R 2B8

Tel.: (705)795-2253

www.ablearning.org

info@ablearning.org

Student Information:

Name: _____ Sex: _____

Address: _____ City: _____

Postal: _____ Tel: _____ Cell: _____ E-Mail: _____

Date of Birth: _____ Last Grade Completed: _____

Month Day Year

Last School Attended: _____

District/ Province: _____

Contact Information:

Primary

Name: _____

Home Tel. #: (____) _____

Bus. #: (____) _____

Cell. #: (____) _____

Email: _____

Relationship: _____

Secondary:

Name: _____

Home Tel. #: (____) _____

Bus. #: (____) _____

Cell. #: (____) _____

Email: _____

Relationship: _____

Program:

Flex School™ Secondary School Program

Flex School™ Part Time Program

Homework Club

Student Health History:

Please check if the student has any of the following and detail below:

_____ Asthma _____ epilepsy _____ diabetes _____ allergies (food, drug, other)

Details: _____

Does the student take any medications? Yes No

Will the student be taking any medications while at school? Yes No

IF YES, Name of medication(s) _____

Dosage _____ Time(s) _____

Any restrictions while with us?

Included with this application:

Photocopy of student's birth certificate

Student's OSR

Student's last report card

Student's transcript

Other _____

CONSENT (STUDENT signs if over 16 yrs of age):

I hereby give consent for _____ to attend classes at Above & Beyond Learning Experience for the complete duration of my contract.

I further release and agree to indemnify and hold harmless Above & Beyond Learning Experience and its officers, servants or assigns from any liability concerning my involvement in the Above & Beyond programs and further agree that the use of all Above & Beyond facilities is made at the risk of the registrant.

Program Administration reserves the right to dismiss any student who, in their opinion, is a hazard to the safety or rights of others in the program.

Student / Parent Signature

Date