

**STUDENT RE -REGISTRATION FORM**  
**APPLICATION FOR YEAR 202\_\_\_ - 202\_\_\_**  
**Central Alberta Christian High School**

Student's Proper Legal Name: \_\_\_\_\_  
First Middle Last

Student also known as: \_\_\_\_\_  
First Middle Last

Student's Current Mailing Address: \_\_\_\_\_

Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Legal Land Description \_\_\_\_\_ Emergency Blue sign \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Student's e-mail \_\_\_\_\_ Student's Cell Phone Number \_\_\_\_\_

**Parents (or Guardians):**

E-mail address of parents/guardians \_\_\_\_\_

Father \_\_\_\_\_ Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

If Parent/Guardian cannot be reached, the person(s) to contact is:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**We give permission for the use of any photographs of our child(ren) on the school website and any other promotional material prepared by Central Alberta Christian High School both during the time our child(ren) attend the school and after graduation.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL INFORMATION (CONFIDENTIAL) – Complete only if there have been any changes**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the student have any health concerns or allergies? Please specify below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date