



Ս. ՍԱՀԱԿ Ս. ՄԵՍՐՈՊ ԱԶԳԱՅԻՆ ՇԱԲԱԹՕՐԵԱՅ ՎԱՐժԱՐԱՆ  
**ST. SAHAG ST. MESROB ARMENIAN SATURDAY SCHOOL**

School Location: 101 Scarsdale Road, Toronto, ON, M3B 2R2  
 Mailing Address: 930 Progress Avenue, Scarborough, ON, M1G 3T5  
 Tel: 416-431-3001; principalstsahagstmesrob@gmail.com

**REGISTRATION FORM  
 2015/2016**

Student ID#

PayPal Receipt#

**A. Student Information**

(Կը խնդրենք տպագրել աշակերտի անունը և մականունը հայերէնով եւ թէ անգլերէնով: / Please print the name and surname of the student in Armenian and in English.)

Surname:  Given Name(s):

Անուն և Մականուն:  
 Date of Birth:  M  F   
Month/Day/Year

Address:    
Street Apt. #

City Province Postal Code

Home Telephone #:

Preferred e-mail (required):

Grade to be enrolled:

Student's primary language spoken at home: Armenian \_\_\_ English \_\_\_ Other (please specify) \_\_\_

Eastern Armenian classes are available (K to Grade 8). Please check the box if Eastern Armenian is preferred.

**B. Parent Information**

Father/Guardian:  Mother/Guardian:   
 Cell #:  Cell #:

**C. Emergency Contact Other than Parent/Guardian:**

Name:   
 Relationship:   
 Phone #:

**D. Student Health Information**

OHIP Card #:  Allergies:   
 Physician's Name:  Chronic Medical Conditions: Yes  No   
 Physician's Phone #:  If yes please explain (optional):

**E. Agreement**

I agree (please check the box) to ALL the rules and regulations of the school.  
WE CANNOT ACCEPT APPLICATIONS THAT HAVE NOT BEEN FULLY COMPLETED AND SIGNED.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

For tax receipt issuance purposes, please indicate clearly the recipient's name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Payment Method: AMEX  MC  VISA  Cheque  # \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Comment: \_\_\_\_\_