

DHAMMA SCHOOL

HILDA JAYEWARDENARAMAYA
(Buddhist Congress Of Canada)
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REGISTRATION FORM

Parents: Please submit this form at the time of registration of students.

Name of Student:
(First) (Middle) (Last)

Check one: Male Female

Date of Birth (DD/MM/YYYY):

Regular School Class:

Name of Parent:

Residential Address:

City: Postal Code:

Contact: Tel No: (.....)..... E-Mail:

.....
Signature of Parent

.....
Date

For Office Use

Student Registration Number

Class assigned:

Date:

.....
Principal

.....
Teacher