



MacLachlan College

ESL SUMMER SCHOOL PROGRAMME 2010 ENROLLMENT FORM

Student's Name: _____
Surname *First Name* *English Name*

Age: _____ Gender: Male Female

Present Grade: _____ School Presently Attending: _____

Parent / Guardian Name: _____

Applicant's Current Address: _____

Telephone Information:

Applicant Information

Home # _____

Business # _____

Cell # _____

Guardian Information

Home # _____

Business # _____

Cell # _____

Course Selection

4 – Week Programme (ages 12-18)

July 5 – July 30, 2010

Cost \$2,000.00

Please enclose payment for full fee with this enrollment form
Please make cheque payable to MacLachlan College

(See Over)



337 Trafalgar Road, Oakville, ON L6J 3H3 Canada

T (905) 844-0372 F (905) 844-9369 E registrar@maclachlan.on.ca W www.maclachlan.on.ca



MacLachlan College

MEDICAL INFORMATION

Please complete and sign the medical information form below. All information will be kept strictly confidential. Thank you for your co-operation.

Student's Name: _____ Date of Birth: ____/____/____
Surname First Name MM/DD/YY

Ontario Health Card #: _____

Private Health Insurance Carrier: _____

Policy # _____

Family Doctor: _____ Phone # _____

Emergency Contact Information

Name: _____ Relationship to Applicant _____

Phone #: _____ Alternate #: _____

Health Information

Allergies Yes No

If you answered yes to above please provide details:

Medications Yes No

If you answered yes to above please provide details:

Further comments or health concerns:

I hereby acknowledge and verify that the information on this medical form is accurate and complete.

Parent/Guardian Signature

Date