

# ACADÉMIE STE-CÉCILE CULTURAL CENTRE (ASC<sup>3</sup>)

## STUDENT REGISTRATION

925 COUSINEAU RD. WINDSOR, ONTARIO, N9G 1V8

519-966-7755

REG# \_\_\_\_\_

SURNAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
(DD/MM/YY)

INSTRUMENT: \_\_\_\_\_ TEACHER: \_\_\_\_\_ LEVEL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Does this registered student have any physical emotional or mental disabilities that the staff should be aware of in case of any emergency situation that may arise during lesson times at the Academy?

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

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**ACKNOWLEDGMENT:**

I have received the Student Manual. I recognize that the Academy is a centre dedicated to the cultural arts which prepares its students for accreditation through examinations. I look forward to the benefits and privileges of membership.

I will abide by the Academy's policies concerning lesson payment, regular attendance and courtesy make-ups as outlined in the Student Manual.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**OFFICE USE ONLY:**

DATE OF REGISTRATION \_\_\_\_\_ RECEIPT # \_\_\_\_\_

REGISTRATION AMOUNT \_\_\_\_\_ NO. OF PAID CHEQUES: \_\_\_\_\_