

## PYTHAGORAS ACADEMY 8671 Odlin Crescent Richmond, BC, V6X 1G1 Tel: 604-370-0199 Fax: 604-370-1399

E-mail: info@pythagorasacademy.ca

## **SUMMER SCHOOL REGISTRATION FORM 2019**

## STUDENT INFORMATION

STODENT INFORMATION				
Applicant's Legal Last Name:		Applicant's Legal First Name:		
Applicant's Preferred Name:		_		
Sex: Female ☐ Male ☐	Date of Birth: (MM/DD/ Y	YYYY):/		
Food Allergy (please specify it	fany):			
Is the student current PA stud	lent of 2018-19 or 2019-202	0? Yes □ No □		
If not, have you attached the	following documents with th	ne application form?		
	certificate / Passport / PR ca ertificate / Passport / PR car IATION			
Legal Last Name: Legal First Name:				
Address:				
Cell Phone:				
Name:	Cell Phone:	Relationship:		
SUMMER PROGRAM INFORM The Month Attending: ☐ July \$1950 ☐ August				
Desired Class:  ☐ JK (born between Jan 1 <sup>st</sup> 20	014 to July 1 <sup>st</sup> 2015)	□ K – 1 (2013-2012)		
□Elementary 1 (2011 -2010)		□Elementary 2 (2009 -2006)		
•	d non-refundable and applic	child and parent ed to the fees when tuition is paid in full.		

- \* Full tuition is due in 5 business days after the application date. If the full tuition is not paid on time, the spot will be released one day after the due date of full tuition.
- \* All fees are non-refundable
- \* Classes are subject to a minimum number of registrations. Full refund will be given if classes are cancelled.

Signature of Parent/Legal Guardian:	!	Date:
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