



Discipleship Christian Secondary School: Location: 250 Old Chicopee Dr. Kitchener, N2A 4J2
Mailing Address: 71 Wedgewood Dr. Kitchener, ON N2B1E6 Tel. 519-589-7564

DCSS-Registration form

Yes, please register (Student's Name) _____

Parent/Guardian Signature: _____ Date Signed: _____

Student's home address: _____

Birthdate: _____ Current Grade: ____ Grade Next Year: _____

DCSS Directory Info: (This number and email will appear in the DCSS directory)

Phone Number: _____ Email: _____

Mother's Contact Info:

Name: _____

Home Phone: _____ Cell Phone: _____ email: _____

Place of Employment: _____ Work Phone: _____

Mother's home address: ____ Same as student

If other: _____

Father's Contact Info:

Name: _____

Home Phone: _____ Cell Phone: _____ email _____

Place of Employment: _____ Work Phone: _____

Father's home address: ____ Same as student

If other: _____

Legal Guardian Info:

Name: _____

Home Phone: _____ Cell Phone: _____ email: _____

Place of Employment: _____ Work Phone: _____

Guardian's home address: ____ Same as student

If other: _____

Emergency Contact: Name: _____ Relationship to student: _____

Home Phone Number: _____ Cell Number: _____