

Arthur Day Middle School
Grade 7 Registration Form for Returning Students
2021-2022

Student Last Name: _____

Student First Name: _____ Middle Name: _____

Address: _____ Postal Code: _____

Legal Name of Parent/Guardian: _____

CUSTODY

Are there any legal restrictions to this child? NO YES

HEALTH CARE INFORMATION

Have there been any changes in the health status of your child? NO YES

If YES, please explain: _____

REQUIRED COURSES:

English Language Arts
Mathematics
Science

Social Studies
Physical Education
French

Applied Arts
Health

OPTION COURSES: *(all students must select one Option course)*

Check one: Art Band

NOTE: If any of the above information changes during the year,
please email the school at ad@retsd.mb.ca

Signature of Parent/Guardian

Signature of Student

Date

Please return to your child's homeroom teacher by
Friday, March 5, 2021