



ROYAL SCHOOL of CANADA

RSC FORM 0110

REGISTRATION FORM

SEMESTER: _____

NAME: _____, _____ D.O.B. (mm/dd/yy): _____
(Surname / Family Name) (Given Names)

ADDRESS: _____
(Street) (City) (Province) (Postal Code)

PHONE NO: _____ E-Mail: _____ Medical Insurance Yes No

INTERNATIONAL STUDENT LANDED IMMIGRANT/ CITIZEN PROGRAM: _____

VISA EXPIRY DATE: _____ Check here, if any of the information given is new.

EMERGENCY CONTACT NAME: _____ PHONE NO: _____

Add/Drop Course # Course Name (Do not leave this blank) Days Time Room Instructor's approval, if applicable

	CDN	US
Application Fee:	\$ _____	\$ _____
Tuition Fee:	\$ _____	\$ _____
Student Fee:	\$ _____	\$ _____
Computer Support/Science Lab Fee:	\$ _____	\$ _____
Material Fee:	\$ _____	\$ _____
Others:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

1. Students are responsible for making sure that the courses chosen meet the program requirements and are appropriate.
2. Onus is placed on students to ensure that they have the prerequisites before signing up for the courses chosen.
3. Consultation with Academic Advisors should be done before the registration period.
4. The School has the prerogative to reject the registration should it be revealed that the student concerned does not have the prerequisite.
5. Students have been reminded of the need to possess valid medical coverage during their study at RSC. By signing this registration form, students hereby agree to waive the liability of RSC against any consequences associated with their medical claims..

_____ Date: _____
 Student's Signature

Processed for Data Entry: _____ Date: _____

Registrar's Office: _____ Date: _____

* All cheques must be made payable to ROYAL SCHOOL OF CANADA. No cheques should be left blank in the payee section; otherwise Royal School of Canada is **NOT** responsible for any irregularities/foul play/fraud arising therefrom.

Notes: