

Make check payable to:
DS Baie-D'Urfé
 41 Fir, Baie-D'Urfé QC H9X 3M9
 514-457-3782
 dswestinsel@gmail.com
 www.ecolesallemandes.org/baie-durfe/en

PLEASE PRINT

Family Name 1. _____ 2. _____ 3. _____	First Name 1. _____ 2. _____ 3. _____	Child's age 1. _____ 2. _____ 3. _____	Grade in day school 1. _____ 2. _____ 3. _____
Mother's Mother Tongue	Father's Mother Tongue	Language Used at Home	
Address		Telephone	
City	Postal Code	E-mail Address	
Name of Secondary School 1. _____ 2. _____ 3. _____	Level _____ _____ _____	Name of School Board _____ _____ _____	
Where did you hear about our school? _____			
=====			
<u>Fees</u>			
1 child:		\$514.00	
1 adult:		\$666.00	
Duration of Course: 30 Saturdays 9:00 a.m. to noon.			
Kindly fill out the permission form.			
Signature: _____			
<i>Course fees are refundable during the first two weeks of class</i>			