



Student Information Form

Westend Buddhist Centre
1569 Cormack Crescent, Mississauga
Ontario, ON, Canada L5E 2P8
Tel/Fax 905-891-8412

E-mail: westendbuddhist@yahoo.ca Web: www.westendbuddhist.org

Student's name: _____
Last Name First Name

Registration number: _____

Student's address: _____
Street name and number # Apt.

City Postal Code

Home phone: () _____ Female: Male:

Birth date: _____ Grade: _____
Year Month Date

Class:

Step One - Sal Step Two - Upul Step Three - Namal

Step Four - Saman Step Five - Nelum

Parents/Guardian's Name: _____

Email: _____

Parents/Guardian's e-mail: _____

Date: _____ Parent's/Guardian's Signature: _____