



Toronto Mahavihara Sunday Dhamma School

# TORONTO MAHAVIHARA SUNDAY DHAMMA SCHOOL

4698 Kingston Road, Scarborough, ON M1E 2P9

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## REGISTRATION FORM

Name of Student				
	(First)		(Middle)	(Last)
Male / Female (Check one)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (MM/DD/YYYY)	
Regular School (Name and Address)				
Name of Parent/Guardian				
Residential Address			City & Postal Code	
Telephone			E-mail	
<input type="checkbox"/> Please check this Box if you are member of Toronto Mahavihara Society				
..... Signature of Parent/Guardian			..... Date	

### FOR OFFICE USE

Student Registration Number	Remarks:
Class assigned	Date
..... Signature of Principal	..... Signature of Class Teacher