



REGISTRATION NUMBER \_\_\_\_\_

# Head Start

## A. STUDENT'S INFORMATION

1. Last name : \_\_\_\_\_ 2. First name: \_\_\_\_\_  
 3. Sex :  M.  F.  
 4. Birth date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year  
 5. Language of correspondance :  English  French

## B. ADDRESS

\_\_\_\_\_ Tel.: (     )  
street apt. city  
 \_\_\_\_\_ Cell.: (     )  
province postal code country

Student's e-mail: \_\_\_\_\_  
 Parent's e-mail : \_\_\_\_\_

## C. ADDITIONAL INFORMATION

Homeschool Student  High School Student   
 Name of your current institution: \_\_\_\_\_  
 Level: \_\_\_\_\_

## D. ADMISSION TO THE PROGRAM

1. Is this your first application to DUC?  yes  no  
 2. I wish to register as of the:  fall  summer  winter \_\_\_\_\_  
year

## E. LANGUAGE PROFICIENCY

Modern :	Fluent	Working knowledge	Ancient :	Number of courses	Year
<input type="checkbox"/> French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Latin	_____	_____
<input type="checkbox"/> English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Greek	_____	_____
<input type="checkbox"/> German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (which ?)	_____	_____
<input type="checkbox"/> Other					

