



Canadian Independent College
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Summer Camp Application

Summer Camp applying for: _ July _ August

Student Information			
Student's full name	Citizenship	Date of Birth (dd/mm/yyyy)	Sex _ Male _ Female
Address			
Current School			

Parent Information		
	Father	Mother
Full name		
Date of Birth (dd/mm/yyyy)		
Home Address		
Telephone number		

Referred By:

Parent Signature: