



Student Information Form

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Ontario, ON, Canada L5E 2P8

Tel/Fax 905-891-8412

E-mail: DhammaSchool@westendbuddhist.com

Web: www.westendbuddhist.com

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: _____
Year Month Date

Grade: _____

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: _____