

Bond Education Group 1500 Birchmount Road,

Toronto, Ontario M1P 2G5 Tel: 416-266-8878 Fax: 416-266-3898 E-mail: info@bondcollege.com

Website: www.bondcollege.com

Emergency Contact Form

Stuc	lent Information				
Name of Student:		Date of Arrival	Date of Arrival in Canada :		
Date of Birth (DD/MM/YYYY):		Passport Expiry	Passport Expiry Date:		
Study Permit Expiry Date:		Student Visa Ex	piry Date: _		
Prev	ious School:				
Cellu	ular Number:	E-mail:			
Addı	ress (in Canada):				
	Street # and Name		City		
Heal	th Card Number:				
Food	l or Allergies:				
Med	ication(s):				
	(P	Please specify if applicable)			
Pare	ent/Guardian Information				
Moth	her's Name:				
Cellu	ular Number:	E-mail:			
Fath	er's Name:				
Cellı	ular Number:	E-mail:			
Hom	ne-stay Parent's Name (If applicable):		·····		
Home Number:		Business Numb	Business Number:		
Cellular Number:		E-mail:			
Guar	rdian's Name (Same as home-stay parent	? □ No □ Yes):			
Home Number:		Business Numb	er:		
Cellular Number:					
IN C	CASE OF AN EMERGENCY WHEN U	NABLE TO CONTACT PAI	RENT(S), P	LEASE CONTACT:	
1.	Name:	Relationship:			
	Cellular Number:				
2.	Name:	Relationship:			
	Cellular Number				