

Johnathan Academy

COMC Registration Form

Student Information

Family Name:		First Name:		Middle Name:		
English Name:		Age:	Date of	Date of Birth (Year/Month/Day):		
School Attend	ing:		Photo ID Number:			
Student Phone	Number:	Studen	t Email Address:			
Home Address	s:					
Parents' Phone	e Number:		;			
*Photo ID with s	student name and	Exam name should b	oe sent to <u>info@johnat</u>	hana.ca with the Exam Re	gistration Form	
and Transfer Re	ference.					
Register Com	petition Infor	mation_				
Competition		Competition Date	Exam Fee	Registration Deadline	Confirmation Check Box	
COMC (Canadian Open Mathematics Challenge)		Thursday, October 27, 2022	CAN\$35	Monday, October 10, 2022		
*ALL Students l	MUST provide us	with a legal photo ID	(EX: PASSPORT; BO	CID; etc.)	<u> </u>	
*The Registratio	on Fee is NON-RE	EFUNDABLE				
Payment shou	ld be made in the	he form of a bank t	transfer in Canadian	n dollars to our bank ac	count as below.	
E-Transfer: <u>in</u>	fo@johnathana	.ca. For the transfe	er note please includ	de the Student Photo II	name and	
Exam name.						
Account Name : Johnathan Academy Inc.				Bank Code	: 001	
Account Number : 07820-001-1941-686				Transit Code (Branch Number)	: 07820	
Bank Name : BMO Bank of Montreal Bank Address : 100-6088 No. 3 Road, Richmond, BC Canada V6Y 2B3			6Y 2B3	Swift Code CC Code	: BOFMCAM2 : CC000107820	

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