



# CONTINUING EDUCATION 2019 SUMMER REGISTRATION

We reserve the right to limit the size and number of classes. If the class you have registered for is full or cancelled you will be contacted by email or telephone and offered the choice of registering in another course.

**Applications will NOT be accepted without this form being completed in full. This includes a copy of proof of address & citizenship. Fees must be paid in full at time of registration.**

LEGAL LAST NAME \_\_\_\_\_ USUAL LAST NAME (if different from legal) \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LEGAL FIRST NAME \_\_\_\_\_ USUAL FIRST NAME (if different from legal) \_\_\_\_\_ STUDENT EMAIL ADDRESS \_\_\_\_\_

Previous Last Name if Applicable (ie, maiden name) \_\_\_\_\_ Date of birth \_\_\_\_\_  Male  Female  
(dd/mm/yyyy)

Student # \_\_\_\_\_ Personal Education Number (P.E.N. #) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Place of Birth \_\_\_\_\_ International Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you graduate high school in any City, Province, or Country? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year did you grad? \_\_\_\_\_

What is the name & the location of the last high school you attended? \_\_\_\_\_

July 2 – 25, 2019 Credit Grade 10 – 12	Course Request	Office use Section #	Principal's Signature
8:00 am - 1:30 pm			

**OFFICE USE ONLY**

<input type="checkbox"/> <b>Canadian Citizenship verified:</b> <input type="checkbox"/> Canadian Birth Cert. <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Status Card <input type="checkbox"/> Proof of Address	<input type="checkbox"/> <b>Landed Immigrant verified:</b> <input type="checkbox"/> Canadian Citizenship Card <input type="checkbox"/> Signed Record of Landing <input type="checkbox"/> Perm. Res. Card <input type="checkbox"/> Proof of Address  <input type="checkbox"/> <b>International Student</b>	<input type="checkbox"/> <b>Non-Graduate</b> <input type="checkbox"/> Over 19 years <input type="checkbox"/> Under 19 years  <input type="checkbox"/> <b>Graduate</b> <input type="checkbox"/> Over 19 years <input type="checkbox"/> Under 19 years	Registration Form Verified    <hr style="width: 50%; margin-left: auto; margin-right: auto;"/> Initial
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**Method of Payment:**  Cheque  Cash  Debit  Visa  Master Card

Graduated Adult : \$500 \_\_\_\_\_ Adult Non Grad \$20 \_\_\_\_\_ School Age Grad \$20 \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ Initial \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**MEDICAL INFORMATION:**

Care Card Number: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ daytime phone \_\_\_\_\_

\_\_\_\_\_ daytime phone \_\_\_\_\_

Please specify any health conditions and/or medications required for treatment: \_\_\_\_\_

**Parent / Guardian / Homestay Parent / Host Family RESIDING with the student  
(to be completed for STUDENTS under the age of 19)**

Last Name	First Name	Relationship to student:
Cell phone:	Work phone:	Parent Email:
Home Phone:		
Last Name:	First Name:	Relationship to student:
Cell phone:	Work phone:	Parent Email:
Home Phone:		

**I hereby certify the information contained on this form is accurate. I also understand that once the course has started, there are NO refunds and if I do choose to withdraw a final mark of an "F" will be given.**

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

The personal information collected on this form is required for the operation of the Continuing Education Program of School District No. 61. It is subject to the Freedom of Information and Protection of Privacy Act and will be kept secure and confidential according to the Act.