

Summer Learning Registration Form

For Office Use Only

Date of Registration: _____

Deposit Fee Received: _____

Information Verified by (Staff Name): _____

Staff Initial: _____

STUDENT INFORMATION:

Legal Last Name:		
Legal First Name:		
Date of Birth:	Care Card Number:	
Address:		
<i>Apt.#, Street Name</i>	<i>City</i>	<i>Province/ Postal Code</i>

List any illnesses or allergies that may require special attention:

EMERGENCY CONTACT:

Relationship:	
Last Name:	Cell Ph:
First Name:	Other Ph:

I verify that the information contained in this registration is accurate and complete:

Parent/ Guardian Name (Please print):	
Parent/ Guardian Signature:	Date:

COURSE INFORMATION:

You can register for a maximum of two (2) summer school courses. All courses are offered at École Mission Secondary School. Please complete your course selection(s) below:

8:30am – 10:40am

English 9 Social Studies 10 Math 10

10:45am – 1:00pm

English 10 Science 10 Math 9

COURSE 1:

Course 1 Name:

Time:

COURSE 2:

Course 2 Name:

Time: