

CONTINUING EDUCATION 2017

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 telephone and offered the choice of registering in another course.

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

LEGAL LAST NAME

USUAL LAST NAME (if different from legal)

LEGAL FIRST NAME

USUAL FIRST NAME (if different from legal)

MIDDLE NAME

Previous Last Name if Applicable (ie, maiden name) _____
Date of birth _____
(dd/mm/yyyy)

☐ Male ☐ Female

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? _____

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

COURSE REQUESTED

July 4 - July 27, 2017 Credit Grade 10 – 12 Course	Name of course	Section # Office use only
8:00 am - 1:30 pm		

COURSE FEES:

- If you have graduated and your date of birth is on or before July 1, 1998 the fee is \$500.00 - No refund.
- If you have graduated and your date of birth is after July 1, 1998, the fee is \$20.00
- If you have NOT graduated and your birth date is before July 1, 1998 the fee is \$20.00

WITHDRAWS:

- Once the course has started, there are **no refunds**.
- A final grade of "F" will be received, if you do withdraw.

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.

OFFICE USE ONLY

<input type="checkbox"/> Canadian Citizenship verified: <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"/> Landed Immigrant verified: <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"/> International Student	<input type="checkbox"/> <u>Non-Graduate</u> <input type="checkbox"/> Over 19 years <input type="checkbox"/> Under 19 years <input type="checkbox"/> <u>Graduate</u> <input type="checkbox"/> Over 19 years <input type="checkbox"/> Under 19 years	Registration Form Verified _____ 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:** _____