AFTER SCHOOL CREDIT RECOVERY PROGRAM
LITERACY/NUMERACY
STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

STUDENT ID NUMBER: _____ _____ _____

STUDENT NAME: _____ _____
          Surname   First Name

GENDER: M ☐   F ☐   DATE OF BIRTH: _____ _____ _____
                                            YEAR   MONTH   DAY

ADDRESS: _____
        Number   Street Name   Town/City   POSTAL CODE

HOME TELEPHONE: _____   PARENT CELL: _____

PRESENT GRADE: _____   SCHOOL: _____

RESIDENCY STATUS: **CANADIAN CITIZEN** ☐   **PERMANENT RESIDENT** ☐

          INTERNATIONAL STUDENT - Elementary Students pay $72.00 - cheque attached ☐

                    - Secondary Students pay $108.00 - cheque attached ☐

          ABORIGINAL HERITAGE: FIRST NATION ☐   **INUIT** ☐   **METIS** ☐

Please use one set of Registration forms per Class. Please enter the dates "To" and "From" (between October 1 and May 31 in the current school year), during which the course will be held. Please check off the days on which the course will be held.

FROM: _____   TO: _____   M ☐ T ☐ W ☐ Th ☐ F ☐

NOTE TO STUDENT AND PARENT/GUARDIAN: Punctuality and regular attendance are vital to the process of learning and the completion of this Program.

STUDENT AGREEMENT—My signature indicates my commitment to the Program.

_____   _____   _____
  STUDENT SIGNATURE   TEACHER'S SIGNATURE   DATE

PARENT/GUARDIAN APPROVAL
This student has my approval to enrol in the course listed:

_____   _____   _____
PARENT/GUARDIAN SIGNATURE   PRINT NAME   DATE

PRINCIPAL'S APPROVAL (*original signature required please*).

_____   _____
  PRINCIPAL SIGNATURE   DATE