



YORK REGION DISTRICT SCHOOL BOARD
CONTINUING EDUCATION SERVICES

**AFTER SCHOOL LITERACY/NUMERACY PROGRAM
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 ☐
VISA STUDENT ☐ - Elementary Visa Students pay \$68.55 - cheque attached ☐
- Secondary Visa Students pay \$102.82 - 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

FOR SECONDARY STUDENTS ONLY:

STUDENT EMAIL ADDRESS: _____ (PLEASE PRINT)

STUDENT'S PERIOD 1 TEACHER: _____ (PLEASE PRINT)

PRINCIPAL'S APPROVAL (original signature required please).

PRINCIPAL SIGNATURE DATE