

AFTER SCHOOL CREDIT RECOVERY PROGRAM LITERACY/NUMERACY STUDENT REGISTRATION FORM

PLEASE PRINT	ALL INFOR		ENT ID NU	JMBER:	
STUDENT NAME:		name	 First Name		
GENDER: M□ F	F 🗆	DATE OF BIRTH:	YEAR	MONTH	DAY
ADDRESS:Number	Street Name	Tow	n/City		POSTAL CODE
HOME TELEPHONE:	PARENT CELL:				
PRESENT GRADE:	SCH	OOL: Stouffville Dis	strict Sec	condary Sc	hool
"From" (between	ABORIGINAL I set of Regist October 1 an	FIONAL STUDENT - Element - Secon - Secon HERITAGE: FIRST NATION Erration forms per Cl and May 31 in the curr e days on which the co	ndary Stude N	ents pay \$108.0 INUIT ase enter the lyear), during the light specific control of the light spe	On - cheque attached METIS METIS Me dates "To" and
	AND PARENT/G	TO: March FUARDIAN: Punctuality and Program.			W Th
_		nature indicates my co	mmitment	to the Progra	am.
STUDENT SIGNA	TURE	TEACHER'S SIGNATUR	RE		DATE
PARENT/GUARDIA This student has m		enrol in the course list	ed:		
PARENT/GUARDIAN	SIGNATURE	PRINT NAME			DATE
PRINCIPAL'S APPR	OVAL (origina	l signature required pl	ease).		
PRINCIPAL SIGN	ATURE	DATE			