



Summer School 2020 Registration Form

NON SD61 STUDENT

FOR NON-GRADUATED STUDENTS GRADES 9-12 (AS OF JULY 1)

FROM ANY NON SD61 SCHOOL

We reserve the right to limit the size and number of classes. If the class you have registered for is cancelled you will be contacted by email or telephone and offered the choice of registering in another available course. **Applications will NOT be accepted without this form being completed in full. This includes school authorization, parent/guardian signature, student photo identification, a copy of proof of address and citizenship provided at the time of registration. Fees must be paid in full at time of registration.**

PLEASE PRINT CLEARLY

Student P.E.N. # (available from your school and mandatory) _ _ _ - _ _ _ - _ _ _

Student Email Address: _____

Usual Last Name: _____

Legal Last Name: _____

Usual First Name: _____

Legal First Name: _____

Legal Middle Name(s): _____

Current School: _____

Current Grade 2020: _____ Gender: Male Female Other

Birth date: dd/mm/yyyy _____ / _____ / _____

Birthplace: _____
City/Province/Country

International Student Yes No

Current Address: _____

Session 1 – June 29-July 09/20 Completion Grade 9 – 12	Course Request	Office use Section #	School Authorization

Session 2 – July 13-July 23/20 Completion Grade 9 – 12	Course Request	Office use Section #	School Authorization

OFFICE USE ONLY (APPLICANTS DO NOT WRITE IN THIS SECTION)

Method of Payment: Cheque Cash School Cash Online

In District International Student Completion \$500.00 _____

Out of District International Student Completion \$500.00 _____

School Age (Non-International) Completion \$ 20.00 _____

Amount Received: \$ _____ RECEIPT #: _____ Initial: _____

Date: _____ Time: _____

The fee for each Completion course is \$20. This fee is used to offset costs for special events, textbook replacement/repair, materials replacement, photocopying, and equipment maintenance. As per District Policy, no student will be denied educational opportunities due to financial hardship.

Medical Information

Family Doctor:	Medical Care Card #
Please specify any health conditions and/or medications required for treatment	

Parent / Guardian / Homestay Parent / Host Family RESIDING with the student

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

Emergency Contact information - if different from above

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

<p>OFFICE USE ONLY</p> <p><input type="checkbox"/>SD 61 Student <input type="checkbox"/>Canadian Citizenship <input type="checkbox"/>Landed Immigrant <input type="checkbox"/>International Student <input type="checkbox"/>SD 61 International Student <input type="checkbox"/>Adult Student</p>	<p>APPLICANTS DO NOT WRITE</p> <p>Registration Form Verified by:</p> <p>_____</p> <p style="text-align: center;">Initial</p>	<p>IN THIS SECTION</p> <p>Verified with: (copy attached)</p> <p><input type="checkbox"/>Canadian Birth Certificate/Citizenship Card <input type="checkbox"/>Canadian Passport <input type="checkbox"/>Permanent Resident's Card <input type="checkbox"/>Signed/Dated Record of Landing <input type="checkbox"/>Visa Documentation</p>
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The personal information collected on this form is required for the operation of the Summer School District #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.

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.

Parent's Signature: _____ Student's Signature: _____ Date: _____