

CONTINUING EDUCATION – SUMMER SCHOOL 2016

1428 Gordon St. Guelph, ON N1L 1C8 (519) 836-7280



DUAL CREDIT REGISTRATION

Wednesday July 6 – Friday July 22, 2016
(Wed., Thurs., & Fri., 9 – 3:30)

Name: _____ / _____ / _____ / _____
Last Name First Name Middle Name Maiden Name (if applicable)

Birth date: _____ / _____ / _____ M/F/O OEN _____
month day year

Home Address: _____
Apt. & No. Street City Postal Code

Home Telephone _____

Work Telephone _____

Name of last High School attended? _____ Entry to SS: _____

City: _____ Province / Country: _____

First Language: _____ Citizenship: _____ Country/Prov. Of Birth _____ Arrival Date _____

Status in Canada-The code number indicates the student's status in Canada- PLEASE CIRCLE

Canadian Citizen – 01

Permanent Resident/Landed Immigrant – 03

Other Visa – 05

Refugee Status - 07

Native Ancestry – 02

Student Visa – 04

None of the Above - 06

Medical Concerns: No Yes (if yes, please indicate) _____

Registration is based on availability in the order applications are received by the Cont. Education Office
DAILY ATTENDANCE AT SUMMER SCHOOL IS MANDATORY. ABSENTEEISM AND HABITUAL LATENESS
WILL RESULT IN REMOVAL FROM THE COURSE. TO PROVIDE THE NECESSARY INSTRUCTIONAL HOURS TO
OBTAIN HIGH SCHOOL CREDITS, THE SCHEDULING OF SUMMER SCHOOL COURSES DOES NOT ALLOW FOR
LATE ADMISSION OR EARLY LEAVING. NO SMOKING ALLOWED ON ANY SCHOOL PROPERTY

I WOULD LIKE TO REGISTER IN THE FOLLOWING COURSE: (Check Dual Credit Information for the correct code)

Course Requested: _____

Pre-requisite / co-requisite course: _____

Courses will run if there is sufficient enrolment.

The following information is collected under the legal authority of the Education Act, R.S.O. 1980. This information will become part of the student's official school record and could be accessed by supervisory officers, principals, teachers and support staff. Queries concerning this information collection should be directed to the Principal of Continuing Education, 519-836-7280.

Signature of Student	Date
Signature of Parent (If Student under 18)	Date