

CORRESPONDENCE REGISTRATION FORM

Date: _____

PLEASE PRINT NEATLY

FOR OFFICE USE ONLY: Student Number _____ O.E.N.: _____

PERSONAL INFORMATION

NAME: _____
FIRST MIDDLE LAST

MAIDEN NAME: _____ (If applicable)

ADDRESS: _____ POSTAL CODE: _____

CITY/TOWN

PHONE NUMBER: _____

DATE OF BIRTH: _____ / _____ / _____ SEX: M _____ F _____
YEAR MONTH DAY

SCHOOL HISTORY

LAST SECONDARY SCHOOL ATTENDED: _____
NAME OF SCHOOL CITY/TOWN

LAST YEAR ATTENDED: _____ GRADE COMPLETED: _____

NUMBER OF CREDITS: _____

WILL YOU BE APPLYING FOR MATURITY CREDITS? YES _____ NO _____

OR

WILL YOU BE APPLYING FOR EQUIVALENCY CREDITS? YES _____ NO _____
(New Curriculum students)

HAVE YOU TAKEN A CORRESPONDENCE OR EVENING COURSE WITH US BEFORE?

YES _____ NO _____

TO BE COMPLETED BY STAFF

CORRESPONDENCE COURSE CODE: _____

PAID \$30.00 / OTHER: _____

MATERIALS TAKEN: LESSON BOOKS: _____ WORKBOOKS: _____

READINGS: _____ TEXTBOOK: _____ DEPOSIT: _____
(TITLE) (TITLE)

SIGNATURE: _____