

Registration Form - High School Credit Courses

Course Information

Course Name _____ Location Requested (for PE10) _____

Starting Date _____ Course Code (if available) _____

Student Information

Legal First Name _____ Legal Middle Name _____

Legal Last Name _____

Student Also Known As:

Given Names _____ Surname _____

Address _____

City _____ Postal Code _____

Home Phone # _____ Parent/Guardian Cell Phone # _____

Parent/Guardian E-mail _____ Gender M | F _____

Birthdate / / _____ ALBERTA STUDENT # _____

Are you a current Elk Island Public School student? Yes No

Last School Attended _____ Grade entering in fall of current year _____

Does your child require special provisions or have an IPP? Yes No If yes, please explain: _____

Special provisions/IPP information is collected for the teacher's use only. Extra support is not funded nor provided for Next Step Continuing Education courses.

Information Disclosure: We ask for this information in order to register you in the class that you have selected. Elk Island Public School's employees, Board of Trustees, and agents (eg. legal counsel) may have access to this registration information on a need-to-know basis. If you have any questions about the collection of this information, you may contact the Assistant Principal of Continuing Education at 780-467-7292.

Affirmation and Consent

I have read the Information Disclosure contained in this Registration Form and understand how the information I have provided will be used. The information given in this Registration Form is complete and correct.

Signature of Parent/Guardian/Independent Student

Date

Payment Information

Indicate method of payment Cheque* Visa Mastercard

Please contact Next Step Continuing Education to provide credit card information.

* REMINDER: Include GST when applicable. Cheques are payable to Next Step Continuing Education.