

**IF YOU REGISTERED ON-LINE: BRING THIS COMPLETED FORM TO THE FIRST NIGHT OF CLASS**  
**PLEASE PRINT CLEARLY AND ALL FIELDS ARE MANDATORY:**

Student: M  F  \_\_\_\_\_  
First Name Last Name Date of Birth (day/month/year)

Address: \_\_\_\_\_  
Number Street Apt/Unit No City Postal Code

Phone: \_\_\_\_\_  
Home Cell E-mail address

Day School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ OEN: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Status in Canada (Citizen, Perm. Res., Visitor, etc.): \_\_\_\_\_

**Non-citizens:** entry into Canada date: \_\_\_\_\_ Document expiry date: \_\_\_\_\_

Enrolled in High School: Full-time (3 or more classes)  **OR** Part-Time (1 or 2 classes)

**February 16 – June 8, 2021**

Course Code: \_\_\_\_\_  New Course **OR**  Repeat Course - Previous mark: \_\_\_\_\_

As a parent/guardian of the above noted student, I approve for my son/daughter to attend Night School:

\_\_\_\_\_  
Parent/Guardian Signature (only if under 18 years old) Date Student Signature Date

A student attending day school may enroll in a Night School credit course with written permission from principal/designate:

**PERMISSION GRANTED BY DAY SCHOOL**

Does this student have an IEP?  No  Yes (please provide copy)

\_\_\_\_\_  
Principal / Designate Name (Please Print) Signature Date