



Waterloo Region
District School Board

Night School Registration Form For current **WRDSB** students ONLY

KITCHENER
Cameron Heights Collegiate

Student Name: _____ Female Male

Trillium Student ID: _____ Phone Number: _____

Email Address: _____

Course Request

First Choice: _____

Alternate Choice: _____

NOTE: If your first choice course is cancelled you will be enrolled in your second choice. If your second choice course is cancelled you will be notified via phone up to 4 pm on the first day of classes.

It is your responsibility to advise the Night School office at **519-885-0800** if you change your mind and do not want to attend Night School. Students who miss the first night of class will be removed unless prior arrangements are made by calling the Night School office at **519-885-0800**.

Student Signature

Parent or Guardian Signature
if student is under 18

NOTE: There may be a \$50 *refundable* book deposit to be paid beginning the second night of classes. This is cash only and will be refunded to you on the last two nights of Night School. If you are unable to attend either of the last two nights, you will receive your refund at the beginning of the next semester. Please call for specific dates.

Guidance Section

Home School: _____

Pre-requisite Achieved _____

Counsellor's Name: _____

Pre-requisite Not Req'd _____

Counsellor's Signature: _____

Note: *By signing this registration, the Home School Guidance department acknowledges that the citizenship verification required to be eligible for a fee-free secondary school credit, has been completed by the Home School.*

Office Use Only

Date Rec'd: _____

Date Entered: _____

Entered By: _____