| Office Use<br>Only   |   | Course | ode            |                      |
|--|---|---|----------------|----------------------|
| Entered:   |   | Summer School Locat   | ion            |                      |
| Grade 7 and Grade 8 Summer School Registration Form for 2015   |   |   |                |                      |
| High School Preparatory Program and ESL Language Support Program<br>July 6 - July 24   |   |   |                |                      |
| Please return form to your home school by Friday, April 24, 2015   |   |   |                |                      |
| HOME SCHOO   | L :   | s   | Student ID #:  |                      |
| Grade Complet  | ion by June 2015:_  |   |                |                      |
| Personal Informat<br>Student's Name: (S  |   | (Firs   | st Name)       |                      |
| Address:   | Street  |   | City           | Postal Code          |
| Telephone:   |   |   | City           | Fusial Code          |
| Date of Birth:   |   | Gender:   | F M            |                      |
| Course Code:(Please check one)   Grade 7 Literacy (7ENGNN) Grade 8 Literacy (8ENGNN) Grade 7 ESL (7ESLNN)                      |   |   |                |                      |
| Grade 7 Nu   | meracy (7MATNN)   | Grade 8 Numeracy (8   | BMATNN)        | Grade 8 ESL (8ESLNN) |
| Summer School Location: Bluevale C.I.   Jacob Hespeler S.S. (includes Doon P.S.)   |   |   |                |                      |
| Are you a Canadian Citizen? Yes I NoI If Canada, Birth Province:   If no, check status: Birth Country:   If Permanent Resident |   |   |                |                      |
|  | <ul><li>Student Visa</li><li>Other Visa</li><li>Refugee</li></ul> | Entry into Canada:  | (year) (Month) |                      |
| Confrimed Proof of Birth: Birth Certificate Immigration papers/Card Passport Other   |   |   |                |                      |
| Is Epipen required? YES NO Is the student at risk of anaphylactic shock? YES NO  |   |   |                |                      |
| Doctor's Name:   |   | Telephon  | e:             | -                    |
| Signature of Pare  | nt:   |   | Date:          |                      |
| Signature of Stud  | ent   |   | Date:          |                      |
| Signature of Hom   | e School Principal  |   | Date:          |                      |



Personal information on this form is collected pursuant to Section 28.2 of the Municipal Freedom of Information and Privacy Act and will be used for school purposes. Question about the collection of this personal information should be directed to the Freedom of Information Officer at (519) 570-0003, ext 4409.