

Registration For: High School Credit Courses

Session I: (3 credit courses) July 4– 12, 8:30 am-4:00 pm

CALM 20 Religion 15 Religion 25

Session II: (3 credit courses) July 14 - 22 8:30 am-4:00 pm

CALM 20 Religion 15 Religion 25 Religion 35 (3cr)
All 3-credit \$40.00 Except P.E 10 \$60.00

OUTDOOR ADVENTURE - June 30-July 13, 2016 **\$625.00**

Math 10C Prep Course - July 4-22, 2016 8:30 a.m.-1:00 p.m. **\$125.00**

Math 10C Repeat Course - July 4-22, 2016, Mon-Thurs 8:30 a.m.- 4:00 p.m and Fri 8:30 a.m-1:00 p.m. **\$60.00**

SCIENCE 10 - July 4-22, 2016, Mon-Thurs, 8:30am - 4:00pm and Friday 8:30am-1:00pm **\$60.00**

RELIGION 35 for 5-credits - July 4-22, 2016, Mon-Thurs 8:30am - 4:00pm and Friday 8:30am-1:00pm **\$60.00**

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 #: _____

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

Birthdate: YYYY/MM/DD Alberta Student #: _____

Are you a current Elk Island Catholic School Student? _____

Last School Attended: _____ Grade entering in fall 2016: _____

Information Disclosure: We ask for this information in order to register you in the class that you have selected. Elk Island Catholic School's employees, Board of trustees, and agents (eg. Legal counsel) may have access to this registration information on a need-to-know basis. All course fees are non-refundable. If you have any questions about the collection of this information you may contact the Principal of Continuing Education Tanya Thiessen at tanyath@eics.ab.ca or Michele Pejkoic at 780-467-2121 ext: 1001.

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: _____

Paid by: Debit Visa Cash Cheque # _____ Amount Paid: _____

Card #: _____ Expiry Date: _____

Office use only – Date Received _____

